REPORT RESUMES

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OCCUPATIONAL TRENDS IN IDAHO HOSPITALS AND LICENSED NURSING HOMES.

BY- BEEMAN, ADDISON C.
IDAHO STATE DEPT. OF EMPLOYMENT, BOISE

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DESCRIPTORS- *HEALTH OCCUPATIONS, *OCCUPATIONAL SURVEYS, EMPLOYMENT STATISTICS, *EMPLOYMENT TRENDS, EMPLOYMENT PROJECTIONS, *HOSPITALS, *NURSING HOMES, EDUCATIONAL NEEDS, EMPLOYMENT OPPORTUNITIES, OCCUPATIONAL INFORMATION, HEALTH OCCUPATIONS EDUCATION, IDAHO,

THE PURPOSE OF THIS STUDY WAS TO OBTAIN INFORMATION ON THE CURRENT LABOR FORCE IN HOSPITALS AND NURSING HOMES AND FUTURE MANPOWER NEEDS WHICH WOULD BE HELPFUL TO PLANNERS OF VOCATIONAL EDUCATIONAL PROGRAMS, EMPLOYERS, WORKERS, AND YOUTH ENTERING THE LABOR MARKET. ADMINISTRATORS OR PERSONNEL OFFICERS OF 14 HOSPITALS AND 13 NURSING HOMES, REPRESENTATIVE OF SIZE AND AREA, COMPLETED A 2-PART INTERVIEW-SURVEY COVERING CURRENT AND PROJECTED EMPLOYMENT AND JOB MARKET INFORMATION ABOUT SELECTED OCCUPATIONS. REPRESENTATIVES OF THE DEPARTMENT OF EMPLOYMENT AND VOCATIONAL EDUCATION, AND HOSPITAL AND NURSING HOME ASSOCIATIONS SELECTED OCCUPATIONS GENERALLY ON THE BASIS OF POTENTIAL SUITABILITY FOR VOCATIONAL TRAINING ALTHOUGH SOME OF PROFESSIONAL LEVEL WERE INCLUDED. SOME CONCLUSIONS WERE--(1) GROWTH IN TOTAL WAGE AND SALARY EMPLOYMENT IN MEDICAL AND HEALTH SERVICES IS EXPECTED TO CONTINUE FOR THE NEXT 5 YEARS, (2) THE HIGHEST NUMBER OF ADDITIONAL JOBS WILL BE IN HOSPITALS, BUT THE LARGEST PROPORTIONAL INCREASE WILL BE IN NURSING HOMES, (3) IN PARTICULAR DEMAND WILL BE REGISTERED NURSES, MEDICAL TECHNOLOGISTS, DIETICIANS, MEDICAL RECORDS LIBRARIANS, ORDERLIES, MEDICAL STENOGRAPHERS, AND MAINTENANCE MEN, (4) SOME EMERGING OCCUPATIONS ARE INHALATION THERAPIST, SURGICAL TECHNICIAN, MEDICAL RECORDS TECHNICIAN, WARD CLERK, INSURANCE CLERK, FOOD SERVICE SUPERVISOR, AND ELECTROCARDIOGRAM TECHNICIAN, (5) PHYSICAL AND OCCUPATIONAL THERAPY SHOULD INCREASE IN IMPORTANCE IN NURSING HOMES, AND (6) THERE IS A PARTICULAR NEED TO TRAIN NURSE AIDES FOR NURSING HOMES. (JK)

Occupational Trends
IN
IDAHO HOSPITALS
AND
LICENSED NURSING HOMES

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Occupational Trends
IN
IDAHO HOSPITALS
AND
LICENSED NURSING HOMES

STATE OF IDAHO
DEPARTMENT OF EMPLOYMENT
H. Fred Garrett, Executive Director

Prepared by Research and Analysis Section
Addison C. Beeman, Chief

April 1967

Acknowledgments

The Department of Employment wishes to express its thanks to the individuals and organizations who gave their assistance and support in the preparation of this survey. The cooperation that hospital and nursing home administrators, governmental agencies, and professional associations have given made this report possible. Without their help and suggestions the survey would not have been undertaken.

Significant contributions to this survey were made by the following organizations and agencies:

State of Idaho, Department of Vocational Education

University of Idaho, College of Education,
State Occupational Research Unit

State of Idaho, Department of Health

Idaho Hospital Association

Idaho Association of Licensed Nursing Homes

We particularly appreciate the time and consideration that hospital and nursing home administrators gave to the study by taking time from their busy work schedules to answer the survey questions.

Preface

Often in our contemporary society changes occur before men have the luxury of time to adapt. In our environment of changeableness, the composition of the labor force and the structure of the job market are not exempt from the "shifting sands of time." It is only through knowledge that individuals and groups are able to effectively make the transition from the old to the new.

A recent appraisal of the Idaho health care industry has revealed that there is a shortage of information on the demand, both current and projected, for health care occupations. The purpose of this survey has been to increase our knowledge of the job market and the labor force in hospitals and nursing homes, and to forecast future manpower needs for selected occupations.

The Idaho Department of Employment is charged with the responsibility of providing job market information, counseling services, placement services, and labor force information. To better carry out these assignments, planners of this survey have attempted to identify the occupations in which there is a continuing, unmet and anticipated future shortage of qualified workers. No attempt has been made to offer solutions to present or potential problem areas, but to uncover these areas so that employers, educators, government agencies, and others might have a sounder basis for solving manpower problems in hospitals and nursing homes.

We hope that the information developed as a result of this survey will be of value to those involved in providing qualified personnel to health care services. A principal objective of this research is to provide a basis for planning effective vocational education programs.

The job market information obtained as a result of this survey will also be of value to employers, to individual workers, and to youths entering the job market. Some of the objectives of this report are:

1. To provide information upon which Idaho youth can make sound vocational choices.
2. To give administrators an aid which could be of value in planning for future growth.
3. To assist in planning manpower training projects.

In addition, those involved in this study believe that the research undertaken will be a base for additional studies that may become necessary in the future with a view of solving manpower problems.

Jack E. Bonner, Labor Market Analyst – Department of Employment, conducted the fieldwork and prepared the report for this survey under the supervision of Franklin D. Taylor, Research Supervisor.

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INTRODUCTION

SELECTING, DESCRIBING, AND CLASSIFYING SURVEY OCCUPATIONS

One of the first problems that faced planners of this survey was to determine which occupations in hospitals and nursing homes to study. This problem was resolved in a joint meeting of representatives of the Department of Employment and the Department of Vocational Education. The Idaho Hospital Association and the Idaho Association of Licensed Nursing Homes offered valuable suggestions which aided in the final selection of occupations to be surveyed. In general, occupations were selected for their potential suitability for vocational training. Other occupations, the jobs in which academic or other professional training is a requirement, were included to obtain data on demand which would be useful to educators and to establish relationships between the needs for these occupations and other occupations in health care services.

A brief job description was prepared for each occupation selected. Descriptions and codes, in most cases, were taken from the *Dictionary of Occupational Titles*, 3rd edition, Vol. I. Related occupations were grouped into the following general categories: (1) Patient care occupations, (2) Therapists and related occupations; (3) Medical technologists, technicians, and related occupations; (4) Dietary and food service occupations; (5) Occupations involving medical records and clerical occupations; (6) Housekeeping, laundry, and maintenance occupations; (7) Occupations not elsewhere classified. An inventory of job descriptions and job titles listing each occupation, its DOT code (if available), and alternate titles is appended to this report as exhibit B.

Representatives of the Department of Employment, the Department of Vocational Education, and the Idaho Hospital Association reviewed the job titles and the job descriptions in the inventory in order to be reasonably certain that the descriptions and titles which were listed generally corresponded to those which were in common usage in most Idaho hospitals and nursing homes.

Certain procedures were undertaken to help insure that the employers and Department of Employment personnel had as nearly the same concept of the jobs studied as possible. In a number of instances, alternate DOT job titles for the selected occupations have more common usage in Idaho hospitals and nursing homes than the base titles. The survey schedules employed the alternate titles in situations where this appeared to be true in order to obtain more accurate responses to survey questions. In addition, the most commonly used titles, whether alternate or base, were underlined in the inventory of job descriptions.

Generally, in selecting job classifications for this study the broader, more inclusive classifications were used. For example, "nurse, registered" was used to include a number of categories such as head nurse, assistant head nurse, supervisor, director of nurses, and staff nurse. All persons who work in the laundry of a hospital were classified as laundry worker, rather than delineating the duties more finely to such occupations as pressmen, and extractor operators. In a few instances, however, the more restrictive job classifications were used, such as "insurance clerk." The decision whether to use a more general or a restrictive job classification was made for each job category.

SELECTION OF SURVEY SAMPLE

Representatives of the Department of Employment and the Department of Vocational Education selected the employer sample to be contacted. Employers were selected so that contacted. Employers were selected so that hospitals and nursing homes in each of the following Southwestern, South Central, and Eastern. From lists of all Idaho hospitals and licensed nursing homes, a sample was chosen that included institutions of all sizes. For both hospitals and nursing homes, the size and the location of the employer was considered so that the sample was representative in size and in area. The number of patient beds was used to establish the size of the institution.

All areas of Idaho are represented in the employer sample, but this survey did not attempt to uncover area differences in the occupational information which was developed. While these differences may exist on an area basis, the object of the survey was to obtain a statewide summary only, so that vocational education planners and others might have a better understanding of overall statewide needs in the occupations selected.

Survey planners selected 19 hospitals and 18 nursing homes for inclusion in the employer sample. Because of time, travel, and budgetary limitations, the final sample was reduced to 16 hospitals and 14 licensed nursing homes. Interviews were held with the administrator or personnel manager in each of the sample institutions. Two of the hospitals and two of the nursing homes did not return the schedules left with them, and are not considered respondents in this study. Fourteen hospitals and 13 nursing homes made up the final total of employers from which complete responses were obtained. The total employment in the sample hospitals is about 44 percent of the total employment in all Idaho hospitals and the total employment in the sample nursing homes is approximately 41 percent of total employment in Idaho licensed nursing homes. The following tables compare the characteristics of the hospital and nursing home sample with all Idaho hospitals and licensed nursing homes.

CHARACTERISTICS OF HOSPITAL SAMPLE
COMPARISONS OF SAMPLE WITH ALL IDAHO HOSPITALS

	NUMBER OF HOSPITALS			NUMBER OF WAGE & SALARY EMPLOYEES IN MARCH 1966		
	Total	Sample	Percent	Total	Sample	Percent
Southwestern	16	5	31.3	2,226	1,303	58.5
South Central	9	3	33.3	784	409	52.2
Eastern	18	3	16.7	1,959	616	31.4
Panhandle	7	1	14.3	484	71	14.7
North Central	6	2	33.3	727	344	47.3
ALL HOSPITALS	56	14	25.0	6,180	2,743	44.4
Federal & State Government	6	4	66.7	1,165	894	76.7
Local Government & Private	50	10	20.0	5,015	1,849	36.9
Employ 100 & Over	13	5	38.5	3,242	1,537	47.4
Under 100	37	5	13.5	1,773	312	17.6
ALL HOSPITALS	56	14	25.0	6,180	2,743	44.4

CHARACTERISTICS OF LICENSED NURSING HOME SAMPLE
COMPARISONS OF SAMPLE WITH ALL IDAHO LICENSED NURSING HOMES

	NUMBER OF HOMES			TOTAL WAGE & SALARY WORKERS JUNE 1966		
	Total	Sample	Percent	Total	Sample	Percent
Southwestern	16	4	25.0	611	217	35.5
South Central	11	4	36.4	307	177	57.7
Eastern	8	2	25.0	267	73	27.3
Panhandle	6	2	33.3	185	100	54.1
North Central	5	1	20.0	150	56	37.3
ALL LICENSED NURSING HOMES	46	13	28.3	1,520	623	41.0

INFORMATION-GATHERING PROCEDURES

Data was collected, as far as possible, by personal interviews with hospital or nursing home administrators or their personnel officers. If all of the required information could not be obtained during an initial interview, the interviewer explained in detail the survey schedules which were to be completed and mailed to the Department of Employment. The person interviewed was also provided with written instructions to assist him in completing the questionnaire, a copy of the inventory of job descriptions, and an envelope for returning the completed schedule. A special effort was made during the personal interview to complete all of Part II of the survey schedule, even though Part I could not be completed at the time of the interview. In order to obtain more homogeneous data, one person interviewed all the sample employers and completed the survey schedules whenever possible.

Prior to the information-gathering interviews, the Idaho Hospital Association and the Idaho Association of Licensed Nursing Homes sent letters to members who had been selected in the survey sample. The purpose of the letters was to explain the reason for the study and to obtain their approval for an interview. In addition, the Idaho Department of Health informed the administrators of the State Hospitals in the sample that they would be contacted as part of the survey. In most instances, the Department of Employment also sent letters to sample employers to tell them of the purpose in this study. A list of selected occupations was enclosed with the letter. A copy of the letter is attached to this report as exhibit A of the appendix. Appointments were made with each employer before he was contacted by the interviewer.

The survey was divided into two parts. Part I of the employer interview schedule requested information for each selected occupation on current employment; expected employment in June 1968, and June 1971; the estimated number of replacements needed in a 12-month period; and the number of workers completing training programs in two and five years. In addition, Part I of the survey schedule asked for total employment in the institution (not just total employment in selected occupations), and the projected total employment by June 1968 and June 1971. Part II of the employer interview schedule requested responses from employers which would yield facts and opinions based upon their experience which could be related to the job market for the selected occupations. Part I and Part II of the employer interview schedules are attached to this report as exhibits D, E, and F in the appendix.

The occupations listed in Part I of the interview schedule were different for hospitals and for nursing homes for obvious reasons. Thirty-eight occupations were listed on Part I to be completed for the hospitals and 11 occupations on the Part I pertaining to nursing homes. The survey occupations were listed on the schedules in the same order that they were arranged on the inventory of job descriptions. Part II of the study is exactly the same for both types of institutions.

As mentioned above, employers were asked for the total number of replacements in each of the selected occupations expected to be needed in the next 12 months. Readers of this report should keep in mind that the term "replacement needs" in the accompanying tables and in the narrative does not mean turnover. Replacement needs are defined as needs for workers to replace those who were promoted to another occupation, and those who leave the labor force for such reasons as death, retirement, disability, or entry into the Armed Forces. Workers not included in this category are those who leave to accept other jobs in the same occupation and workers separated from the employer because of reduction in force, inadequate performance on the job, or misconduct.

In making the projections for future occupational needs employers were asked to make the following assumptions:

1. Qualified workers will be available to meet any anticipated employment needs.
2. Scientific and technological advances will continue affecting employment and manpower needs.
3. The present-day normal workweek at the institution will continue through the forecast period.

4. Any current plans for expansion or modernization will materialize according to schedule.

These assumptions were listed on the instruction sheet that was left with other survey material in those institutions that were unable to provide the requested information during the initial interview. The instruction sheet also gave employers general instructions for completion of entries needed in Part I of the survey. Exhibit C of the appendix is a copy of these instructions.

In an attempt to identify occupations which were not selected for study, but which were expected to acquire additional or fewer workers in the forecast periods, or which current vacancies were significant, employers were asked to add these "other" occupations to the survey schedule in a space provided.

In addition, employers were asked to give information which might explain or expand entries which they made in the space provided for comments for each occupation on Part I of the survey schedule.

In advance of the information-gathering interviews, the Department of Employment interviewer assigned to this project tested the survey forms by interviewing a sample employer. The test involved two meetings with a hospital administrator. The first interview was undertaken to explain the study and gather information. The second interview was to discuss responses on the survey forms and to obtain comments and suggestions. The purpose of this test was to attempt to detect defects in the method used for obtaining data, to discover any shortcomings in survey schedules, to examine the list of selected occupations for completeness and accuracy of job descriptions and titles, and to perfect interviewing techniques.

In a number of instances the interviewer re-contacted employers after they had returned interview schedules in order to verify entries on the forms, to obtain additional information, and to clarify entries made on schedules.

EXPANSION OF THE SAMPLE

Expansion factors were applied to the sample data to arrive at the final estimates shown on the accompanying tables. To determine expansion factors for hospitals, all Idaho hospitals were grouped according to total employment and separate inflation factors were computed for each group reflecting its proportion of the total employment in the group. Separate expansion factors were also computed for State and Federal governmental units. The data obtained from three of the governmental units was not expanded, because the sample consisted of total employment in these specialized types of institutions. Nursing homes were not grouped and one expansion factor was used to inflate all data.

LIMITATIONS OF SURVEY

While wages, working conditions, hours, and other factors are undoubtedly important considerations in the job market in both hospitals and nursing homes, they were not a consideration in this survey. The survey and the resulting report are basically concerned with "numbers" only. The narrative that is a part of this report is intended only to explain the numerical values in the tables, to give additional information on the demand for workers, and to present information given by administrators and others which has a bearing upon the demand in individual occupations and trends within the industries studied.

Probably the least valid estimates resulting from this survey are the estimates of workers completing plant training programs or promoted into other occupations. In making estimates in this category, employers were faced with determinations of what was actually training in their establishment and what was on-the-job indoctrination. For many occupations the decision on what was training was arbitrary and employers were not uniform in their decisions. In addition, employers generally had difficulty in making estimates of the number of trainees expected to complete training over the forecast period.

Readers of this report should be cautioned that while the forecast figures in the accompanying tables are presented in precise form, they should be interpreted as an indication of magnitude rather than refined values. The relationships between the current employment shown on the charts and the forecasts are more significant than actual values in understanding the trends in the occupations presented.

As implied in the preface, the job market is in a period of rapid change. Particularly in the health care field, the developments in "new" occupations and changes in demand result in relatively swift alterations in the job market in the health care industries. This survey is only a first approximation, and resurveys are needed to update and validate the information in this report because of the changing situations.

HIGHLIGHTS

For the next five years the growth in total wage and salary employment in medical and health services is expected to continue. The survey of a sample of employers would indicate a continuation of the growth rate of the past five years.

While the highest number of additional jobs will be in hospitals, the largest proportional increase in demand for additional workers will be in nursing homes.

The demand for workers in nursing homes will increase during the forecast periods as a result of both expansion in existing institutions and new establishments entering the field. The most rapid growth in nursing home employment is expected to take place during the first two years of the five-year forecast period. The additional need for workers in nursing homes should involve jobs at all levels of complexity.

Much of the expansion shown in many of the selected hospital occupations results from the increases in employment projected in the smaller hospitals (under 60 beds).

This survey verified that the demand in many health care occupations far exceeds the supply of qualified workers. Among these occupations are: registered nurse, medical technologist, dietician, medical records librarian, orderly, medical stenographer, and maintenance man. Qualified workers in these occupations are also in short supply on the national level.

Some new occupations are emerging in Idaho hospitals. While current employment for many of these occupations has not yet reached significant levels, the growth potential is meaningful. Some emerging occupations are: inhalation therapist, surgical technician, medical records technician, ward clerk, insurance clerk, food service supervisor, and EKG technician.

A demand for new occupations in nursing homes was revealed by the survey. Physical therapy should increase in importance and a need for occupational therapy was recognized by nursing home administrators.

Survey results yielded high estimates of annual replacement needs for many occupations in both hospitals and nursing homes, and a large part of the total demand for many occupations results from employers' replacement needs. In general, the occupations with the highest ratio of workers needed for replacement to total current employment were those jobs with the lower levels of complexity.

In only a few occupations did survey results disclose that projected training is likely to meet employer expansion and replacement needs. An exact indication of the size of future shortages cannot be derived from the data.

Nursing home administrators reported a training need for nurse aides. They indicated that this occupation is very important in the nursing home industry and the training of aides would be very beneficial.

Part-time employment in both hospitals and nursing homes is a significant factor in total employment in these institutions. While the degree to which workers work less than full time varies extensively in individual institutions, all but a few of the sample employers reported employing workers part time. Employers reported part-time employment for almost all levels of job complexity, including occupations that require professional registration or training.

Although many hospital administrators agreed that the "Medicare" legislation should have some effect on total employment in their institution, the only occupations mentioned as having immediate impact on the job market were the occupations in the business offices. Insurance clerk was specifically mentioned as an occupation in which demand would increase because of Medicare.

The survey did not disclose any significant differences in demand in the different geographical areas of Idaho except that the shortages in the lesser skilled occupations in the sparsely populated areas were not as great as in the metropolitan areas, because of the limited job market in the nonurban areas.

SECTION I

WAGE AND SALARY EMPLOYMENT IN MEDICAL AND HEALTH SERVICES

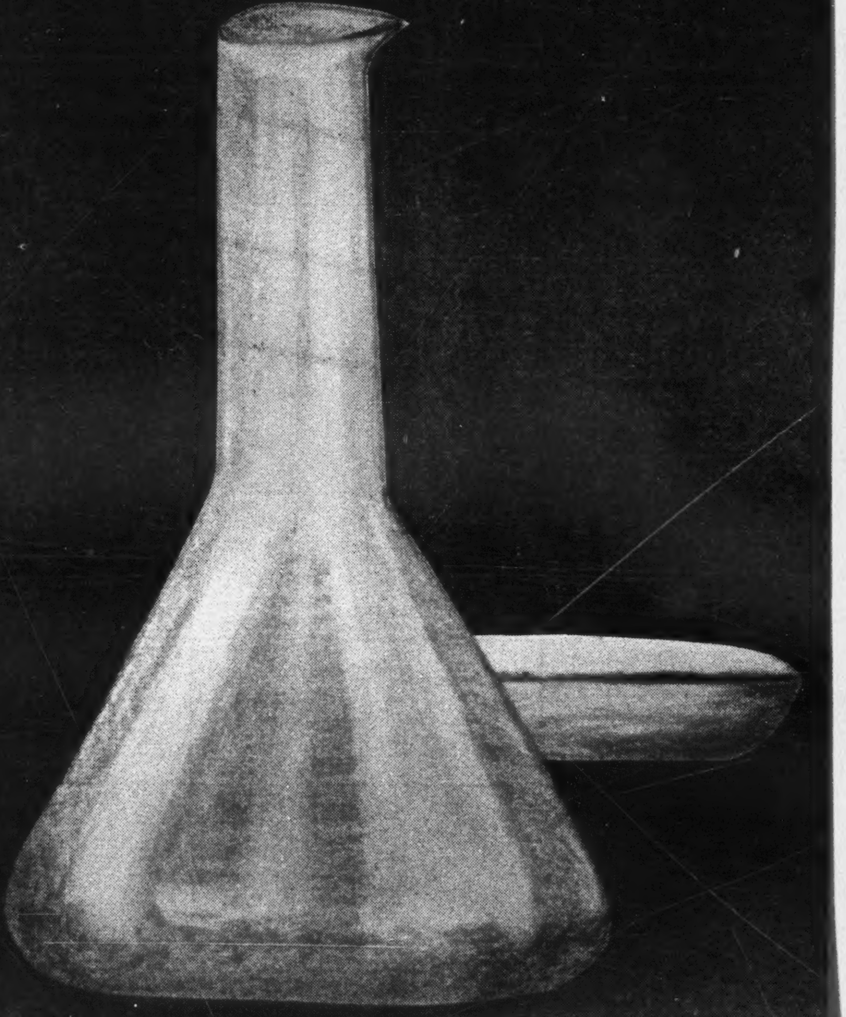
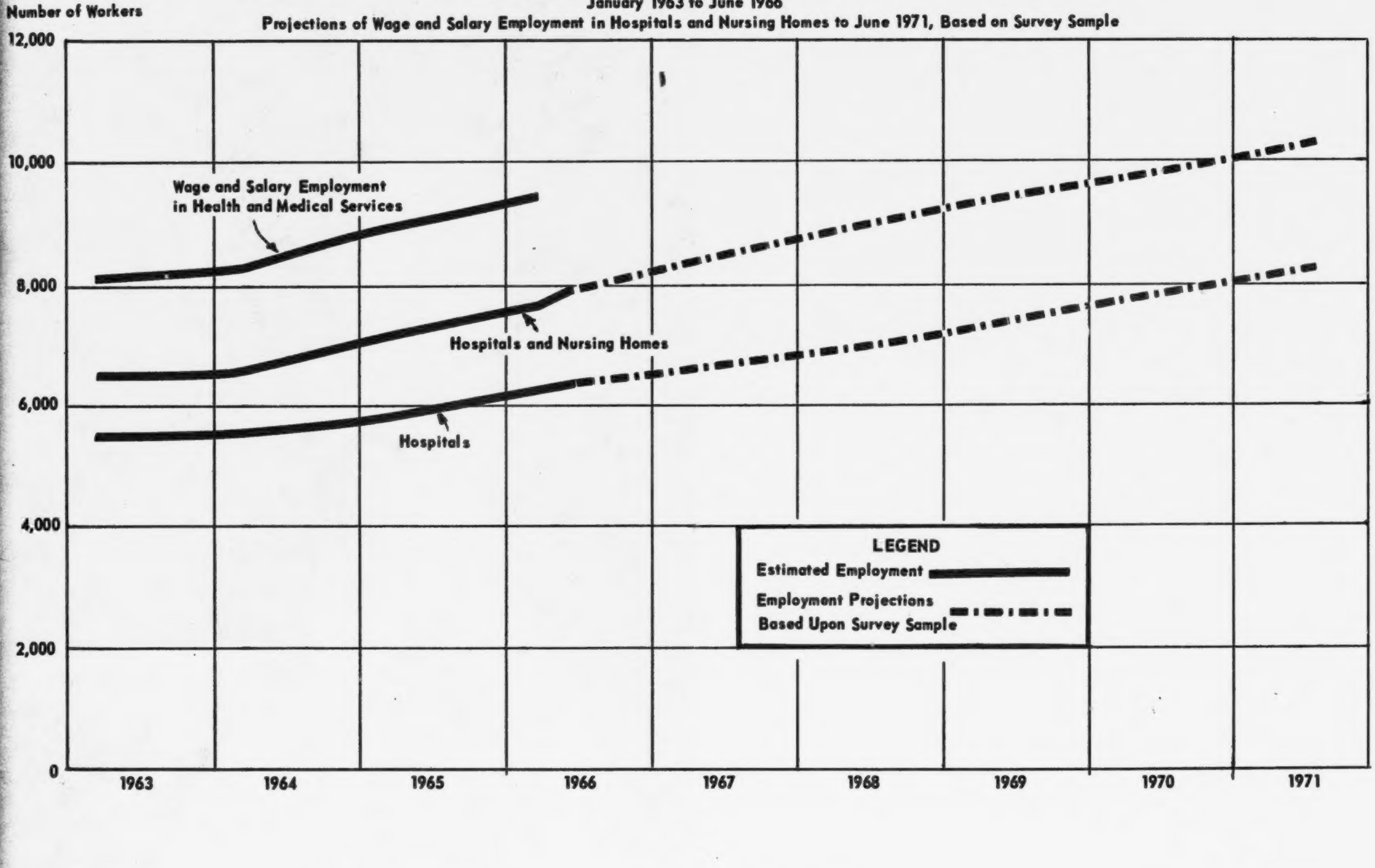


TABLE A
MEDICAL AND HEALTH EMPLOYMENT OF WAGE AND SALARIED WORKERS IN IDAHO
(Including Governmental Hospitals)

	March 1963	March 1964	March 1965	March 1966	June 1966
Hospitals*........................	5,444	5,472	5,801	6,180	6,385
Nursing Homes*....................	908	1,072	1,282	1,426	1,520
TOTAL (Hosp. & Nursing Homes).	6,352	6,544	7,083	7,606	7,905
Offices – Physicians & Surgeons....	1,131	1,160	1,186	1,168	1,217
Dentists................	364	372	394	415	430
Other...........................	190	205	212	210	218
TOTAL..........................	8,037	8,281	8,875	9,399	9,770

* Employment in 7 of 53 licensed nursing home facilities in April, 1966, is included under the hospital category as the nursing home units were in connection with hospitals and separate figures were not available. These 7 units comprised about 9 percent of all nursing home beds.

CHART A
WAGE AND SALARY EMPLOYMENT IN HEALTH AND MEDICAL SERVICES (INCLUDING GOVERNMENT HOSPITALS)
January 1963 to June 1966
Projections of Wage and Salary Employment in Hospitals and Nursing Homes to June 1971, Based on Survey Sample



WAGE AND SALARY EMPLOYMENT IN MEDICAL AND HEALTH SERVICES

Medical and health service industries employ almost 10,000 workers in Idaho. This figure includes employment in local, state, and federal governmental hospital units; however, health related activities such as drug stores, wholesalers and retailers of medical supplies, and governmental health department employment other than hospitals are not included. The self-employed such as doctors and dentists are also excluded from this figure.

Hospitals and nursing homes employ 81 percent of the hired workers in these medical and health service industries. The remaining 19 percent are in offices of physicians and surgeons, dentists, osteopaths, chiropractors, optometrists, and medical and dental laboratories. More than half the hospital employment is in private hospitals.

Wage and salary employment in health and medical services has increased in recent years. Between March 1963 and March 1966, an increase of 17 percent or 1,362 workers occurred. By June, the date of this survey, employment increased an estimated 4 percent from March. Part of this March to June increase may have been of a seasonal nature as well as continuing the long-term increase.

This upward trend in employment is expected to continue in future years. Projections based on data from the survey sample of hospitals would indicate an increase of 9.6 percent in two years and 30.0 percent in five years in the hospital employment component. The 9.6 percent in the next two years compares with a recorded increase of 13 percent in all hospitals in the last two years (March 1964 to March 1966). The 30 percent increase in five years, as developed from the sample, continues the growth rate of the last two years. The growth rate forecast by the sample employers may well overstate the growth that can reasonably be expected to occur through the next five years. More than half the growth need results from forecasts by the smaller hospitals group. Some of the growth in this group may, in fact, be for nursing home type care in conjunction with smaller hospitals.

The sample of nursing homes expected a 34.8 percent increase in the next five years with most of the increase to occur within two years.

The expansion based on this survey exceeds national projections on health service occupations. Nationally an increase of 16.7 percent is estimated from 1965 to 1970, and 33.3 percent from 1965 to 1975.*

Caution needs to be used in referring to projections in this survey. As explained in the Introduction, 44 percent of hospital and 41 percent of nursing home employment was sampled. This sample may have overrepresented hospitals and nursing homes with expansion plans. Especially in the case of nursing homes, it should be remembered that homes not yet in existence are not included in projections unless they happened to be planned in connection with an already existing facility. Figures do give an indication of the sharp rise occurring and expected in health occupation employment. Shortages and projections are more an indication of direction and general magnitude than precise estimates. As stated in the Introduction, resurveys are needed to validate and update this information. In such a rapidly developing and changing situation, this survey is only a first approximation.

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* *Technological Developments and Their Effects Upon Health Manpower*, Herman M. Strum, *Monthly Labor Review*, January 1967, Vol. 90, No. 1.

SECTION II

PATIENT CARE OCCUPATIONS

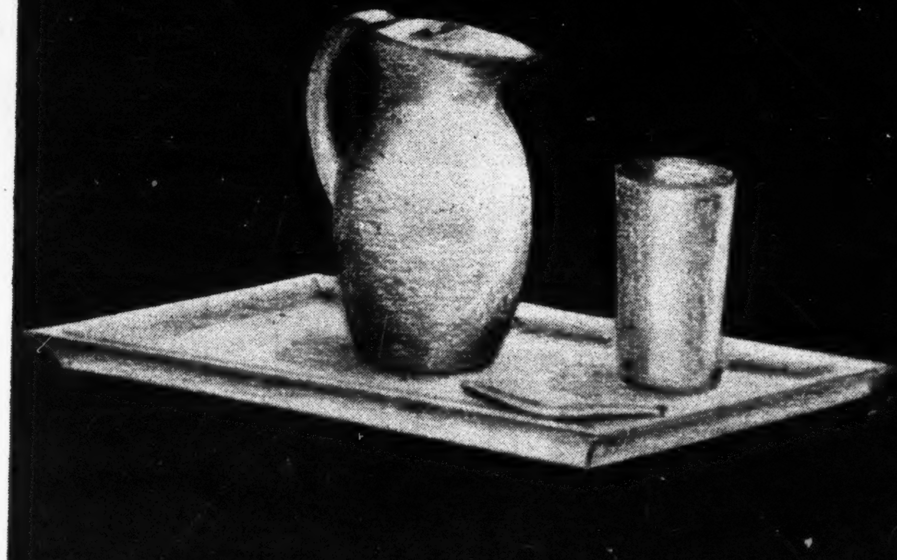
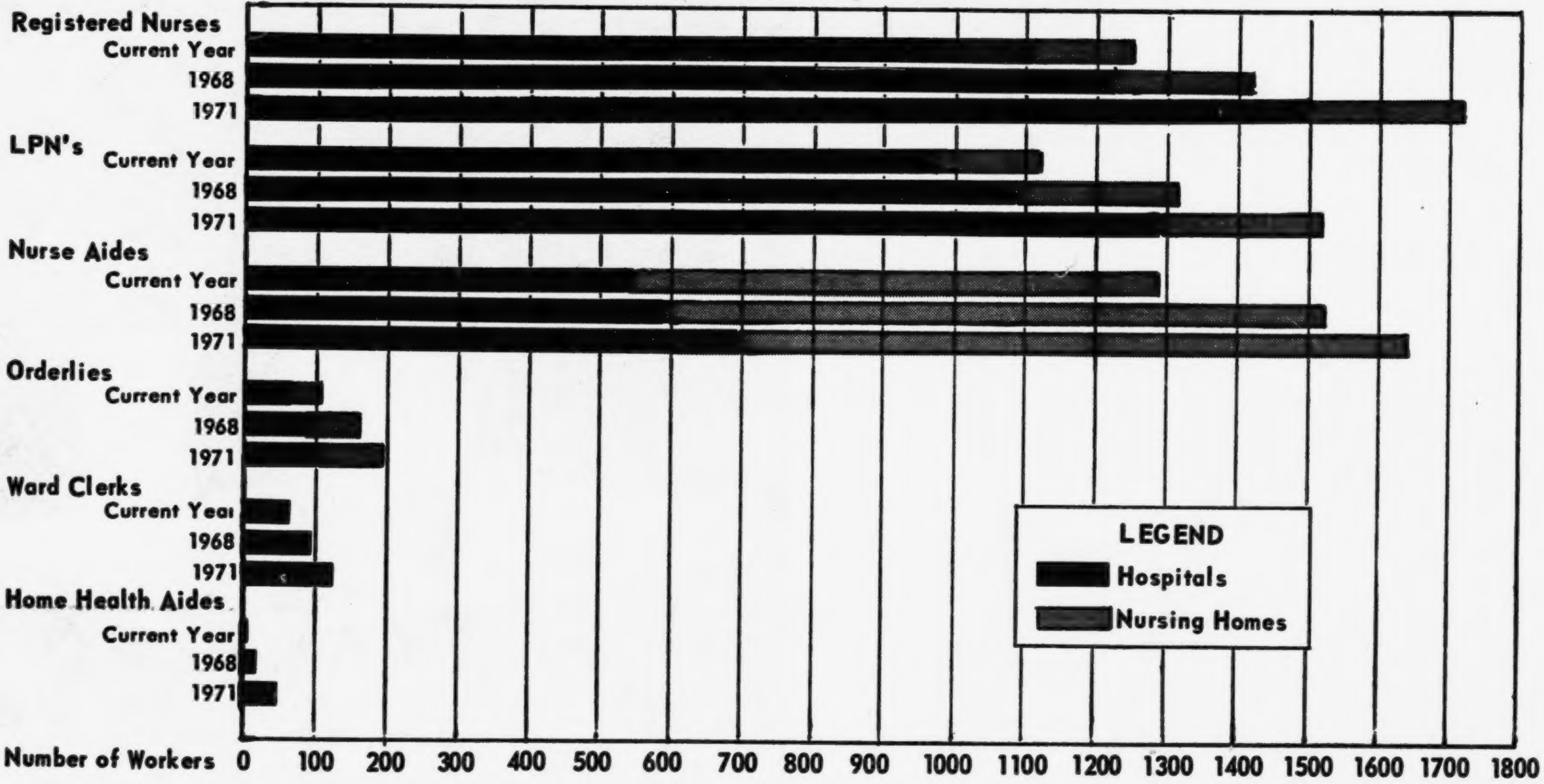


TABLE B
SELECTED PATIENT CARE OCCUPATIONS
Estimates of Total Current Employment; Expected Employment in Two and Five Years; Estimate of Current Vacancies, Annual Replacement Needs, and Workers Completing Training Programs in Two and Five Years.
Idaho Hospitals and Licensed Nursing Homes – June 1966

Occupation	Estimated Current Employment	Expected Employment in		Estimated No. of Workers Needed for Replacements July 1966 through June 1967	Estimated Current Job Vacancies		Estimated No. of Workers Completing Plant Training Programs or Promoted Into Occupation	
		June 1968	June 1971		Total	No. Open 30 Days or More	2 Years	5 Years
Registered Nurse, Total	1,255	1,431	1,721	263	151	108	155	388
Hospitals	1,113	1,228	1,503	223	143	100	155	388
Nursing Homes	142	203	218	40	8	8	---	---
Nurse, Licensed Practical Total	1,127	1,318	1,527	255	108	65	429	815
Hospitals	975	1,081	1,290	189	93	52	429	815
Nursing Homes	152	237	237	66	15	13	---	---
Nurse Aide, Total *	1,289	1,527	1,637	430	102	13	497	1,110
Hospitals	541	580	690	150	72	13	184	430
Nursing Homes	748	947	947	280	30	---	311	680
Orderly, Total	105	164	195	55	17	10	45	111
Hospitals	65	80	111	25	7	7	25	66
Nursing Homes	40	84	84	30	10	3	20	45
Ward Clerk, Hospitals Only	65	90	125	11	4	---	27	71
Home Health Aide Hospitals Only	0	13	54	---	---	---	---	---

* Does not include Psychiatric Aide.

CHART B
SELECTED PATIENT CARE OCCUPATIONS
Estimates of Current Employment and Forecasts of Expected Employment in Two and Five Years
Idaho Hospitals and Licensed Nursing Homes – June 1966



REGISTERED NURSE

One of the most universally accepted facts in the hospitals and nursing home job market in Idaho, as well as other parts of the country, is that the shortage for the professional nurse is severe. This study lends credence to the assumption that the demand for registered nurses resulting from expansion and replacement needs will continue to be strong during the entire five-year forecast period.

CURRENT SHORTAGES

The extent of current shortage of registered nurses in Idaho is indicated in Table B by the estimates of current vacancies. In June of 1966, there were an estimated 151 vacancies for registered nurses. Ninety-four percent of the vacancies were in hospitals. The number of current vacancies was about 12 percent of the estimated total number of nurses employed. Vacancies in hospitals represented 13 percent of the estimated total current employment of nurses and 6 percent of the current employment of nurses in nursing homes.

Perhaps as significant as the number of nurses needed is the duration of these vacancies. One hundred eight, or 72 percent of the vacancies, had remained unfilled for 30 days or more. Some of the vacancies listed were to replace part-time workers with full-time workers. The acute nature of the shortage of nurses is also revealed by the responses to Part II of the interview schedule in which nearly all sample employers in both hospitals and nursing homes listed Registered Nurse among occupations for which they experienced difficulty in hiring workers.

EXPANSION DEMAND ESTIMATES

Chart B presents estimates of current employment and anticipated future employment for the two and five year forecast periods. The survey indicated that the employment of registered nurses in hospitals will increase about 10 percent within two years and will increase by 35 percent in five years. Nursing homes showed an increasing need for registered nurses amounting to a 43 percent gain in two years and a 53 percent growth by 1971. To meet these growth needs, the number of registered nurses employed in Idaho must be increased 176 by 1968 and 466 by 1971.

An apparent lack of agreement in Table B between the number of current vacancies and the anticipated two year expansion need can be explained by the fact that some sample employers projected future needs for registered nurses on the basis of their desire to convert part-time nursing positions to full-time employment during the forecast period. This trend was noted on a number of employer schedules submitted by responding employers.

REPLACEMENT ESTIMATES

Approximately 260 registered nurses will be needed annually for replacement (as defined in the Introduction section of this report) by hospitals and nursing homes in Idaho. This survey revealed about a 20 percent annual replacement need. The percentage of registered nurses currently employed who must be replaced is somewhat higher in hospitals than in nursing homes. About 220 registered nurses will be needed annually for replacements in hospitals and 40 will be needed annually for replacements in nursing homes.

TRAINING PROGRAM OUTPUT

Based upon the amount of training in the survey establishments, the total training output is estimated for all hospitals at 155 in two years and 388 in five years. Comparing training output with expansion needs indicates that there will be an estimated 21 fewer nurses completing training in Idaho than the two-year expansion forecast and 78 fewer nurses completing training than the total expansion demand in the five year period. However, as shown by the high replacement needs in the survey sample, expansion needs are only a part of the total demand picture. Workers must be replaced when they withdraw either temporarily or permanently from the labor market. Marriage, family responsibilities, and retirement cause replacement needs. A supply item in addition to training is the re-entry of workers into the labor market after children enter school or if more earnings are needed in the family. This leaving the labor force and re-entry is not covered adequately in the survey to evaluate this demand-supply balance. Nurses also leave and enter the state. The number of nurses who remain in Idaho after training has not been determined. One hospital administrator stated during his interview with a Department of Employment representative that only two of the ten professional nurse graduates being trained in his area of responsibility remained in Idaho after completing training.

PART-TIME EMPLOYMENT

The figures in Table B include both full-time and part-time employees. Generally, the part-time employment of nurses in Idaho is a significant factor in total employment in all areas of Idaho. Approximately 25 percent of all nurses employed by sample employers worked only part time. About 43 percent of all registered nurses employed in nursing homes worked only on a part-time basis. This survey revealed that many professional nurses choose to work only part time. The reason for part-time employment being such an important factor is that many nurses who have assumed the responsibility of motherhood and family have chosen to be available for part-time work only. Also nurses re-entering the labor market after their children have been raised are often available only on a part-time basis. In addition, many nurses who work part time are available for work only on certain shifts. Some sample employers stated that the availability of workers in the patient-care field in hospitals and nursing homes is an advantage to them in that, by nature, these institutions require these workers on duty all hours of the day and the availability of nurses for the "odd" shifts eases scheduling problems. One employer stated that because of the flexibility of having part-time employees available, he was able to adjust more readily to changes in patient load. One of the larger hospitals reported that half of the registered nurses on the payroll worked only part time. Another smaller survey hospital employed only part-time registered nurses.

More generally, however, sample employers preferred to employ a stable force of full-time RN's. As explained under "Expansion Demand Estimates" some employers hope to replace part-time workers with full-time workers.

NURSE, LICENSED PRACTICAL

Much that this report has stated concerning the shortage of registered nurses can also be said for the licensed practical nurse. This similarity includes the fact that a large majority of sample hospital and nursing home administra-also listed LPN as an occupation in which employers had experienced difficulty in hiring workers.

As indicated on Table B, about 1,000 or 86 percent of the LPN's in the survey labor force are employed in hospitals.

SHORTAGES

The total estimated vacancies at the time of the survey represented about 10 percent of the total employment of LPN's. Over half of these vacancies were open over 30 days and almost all openings for LPN's in nursing homes had been open for 30 days or more. The duration of unfilled vacancies is an indication of the extent of current shortages of LPN's in Idaho.

EXPANSION DEMAND ESTIMATES

The survey yielded a predicted 17 percent increase in employment of LPN's in two years, and a 35 percent increase in five years, which represents an expansion need for 191 of these workers by June of 1968 and 400 workers by June of 1971. The survey results gave similar percentage increases in the expected employment of professional nurses and licensed practical nurses over the five year period. The 17 percent increase in expected employment for LPN's over the two year period is somewhat higher than the percentage increase over the same period for registered nurses. This difference results from the high numerical and percentage increases forecast during the period for LPN's in nursing homes by June of 1968.

The demand for LPN's varies with the degree of shortage of registered nurses. Some sample employers have indicated that oftentimes because of the shortage of professional nurses, more LPN's must be utilized. This relationship between the employment of RN's and LPN's is more evident in the responses given by sample nursing homes than sample hospitals.

REPLACEMENT DEMAND ESTIMATE

As reported on Table B, an estimated 255 LPN's will be needed for replacements from June 1966 through June 1967. As is the situation in other patient care occupations in this study, the replacement needs for LPN's are high. The estimated annual replacement needs represent 23 percent of the estimated total current employment. Interviews with employers showed that the high replacement figures result primarily from women leaving the job market because of home responsibilities.

TRAINING

Table B would appear to reveal that the projected number of LPN's completing training in the two year forecast period will be about 270 below the forecast estimates of the number of LPN's needed for expansion and replacement during the period and about half the required number of LPN's needed over the five year forecast period. An undetermined number of reentrants of trained licensed practical nurses into the labor market may meet some of these replacement and expansion needs.

PART-TIME EMPLOYMENT

The part-time employment of LPN's in hospitals and nursing homes in Idaho is a significant part of total employment of these workers. For nursing homes, this survey yielded results that indicated that about 40 percent of the number of LPN's employed work only on a part-time basis. Responding sample hospitals reported that about 10 percent of their LPN's work part time. The reason for the relatively high rate of part-time employment is the same as that given for registered nurses.

NURSE AIDE

The relative significance of the employment of nurse aides in nursing homes compared with hospitals can be readily discerned on Chart B. About 58 percent of all nurse aides are employed in nursing homes. Nursing home administrators have stressed the importance of nurse aides to the nursing home industry. Usually in nursing homes the registered nurses and licensed practical nurses' primary duties include giving medication and performing supervisory duties; whereas, the nurse aides do most of the required patient care and other tasks.

The estimates in Table B do not include orderlies, psychiatric aides, and other nurse assistants which were excluded from the description of nurse aide used in making estimates for this occupational classification.

SHORTAGES

As indicated on Table B, the current vacancies for nurse aide remaining open more than 30 days was less than for LPN and RN. This reflects that entry workers are more available for nurse aide openings than for openings in the other occupations which require a much higher level of training. Table B shows an estimated expansion need for 238 additional nurse aides in two years and 348 additional workers in five years. This additional demand, which results from employer expansion needs, represents an 18 percent increase in two years and a 27 percent increase in five years. The survey results yielded an estimated 27 percent additional need for nurse aides for nursing homes during the two year forecast period, and a 7 percent increase in need for hospitals. The higher percentage increase for nursing homes is an indication of a high rate of expansion in the nursing home industry in the two year forecast period. Most nursing home administrators interviewed were unable to predict the additional demand for workers over the longer forecast period because many anticipate completion of existing expansion plans by June of 1968 and expansion beyond that date is dependent upon the more current expansion meeting the community nursing home requirements. There is no increase for nurse aides shown in nursing homes over the five year period on Table A because of employers' inability to make predictions to June 1971.

REPLACEMENT DEMAND ESTIMATES

The employment of nurse aides is characterized by a very high ratio of replacement needs to total current employment. This is true to a much higher degree than most occupations that have been the subject of this study. In Idaho, the survey results disclose that replacements must be found annually for about one-third of the total employment of nurse aides. Replacement needs are somewhat higher in nursing homes than in hospitals. The reasons given previously for the high replacement needs in other patient care occupations also apply to nurse aides, but there are additional reasons for the high turnover of these workers. Oftentimes, aides are only temporarily attached to the labor market to ease family financial burdens, as this work is readily available to workers in most areas of the state. In addition, interviews with employers disclosed that aides often find that they don't like the work soon after being hired.

TRAINING

As can be seen readily on Table B, the projected numberof nurse aides completing employer training does not approach meeting the demand for these workers, primarily because of the high ratio of replacement needs. Much of the employer training is short duration, indoctrination, on-the-job training after a suitable applicant is hired. It is significant that all sample nursing home administrators except one listed nurse aide on Part II of the interview schedule as an occupation in their establishment for which training is most needed to provide better qualified workers. Some hospital administrators also listed nurse aide in response to this question. A majority of both sample hospitals and nursing homes also listed nurse aide as an occupation which had given them difficulty in hiring qualified workers.

PART-TIME EMPLOYMENT

As in the situation in the employment of registered nurses and licensed practical nurses, the part-time employment of nurse aides is important. Both the hospitals and the nursing homes reported that 18 percent of all nurse aides in their employ work on a part-time basis. It is interesting to note that sample employers forecast a reduction in the number of part-time aides in their employ while they predicted an increase in total employment of nurse aides. In the two year period sample hospitals and nursing homes projected 14 percent of the nurse aides would work only part time. This projected reduction of part-time workers is an indication of the desire of administrators to replace part-time nurse aides with full-time workers.

ORDERLY

The additional need for orderlies during the forecast period, particularly in nursing homes, is evident from Chart B. In fact, the survey resultsyielded estimates of a 56 percent increase in employment by June of 1968. As shown on Table B, the number of orderlies needed in nursing homes during the two-year forecast period is more than double the current employment. This increase results primarily from the plant expansion in Idaho nursing homes.

The number of current vacancies and the number of current vacancies that had been open for 30 days or more is indicative of the current shortage situation in the employment of orderlies. Some sample employers, particularly in nursing homes, have stated that qualified orderlies are just not available. As a result, many nursing home administrators who would like to hire persons as orderlies do not attempt to do so because qualified persons are not available for this type of work. In a number of instances, the nursing home administrator performs the duties of orderly as needed because he is unable to hire these workers.

One of the assumptions that administrators were asked to make when making projections was that qualified workers in all the selected occupations would be available when needed. The estimates of expansion on Table B reflect only the magnitude of the level of employment which administrators would prefer to have, knowing that these workers would probably not be available.

In the nursing home sample, an equal number of orderlies work full time and part time. Part-time employment of these workers is not as prevalent in hospitals. In many areas of the state, the employment of orderlies is marked by a large number of students and others who do not intend to remain employed in the occupation for extended periods of time. Many times, men who intend to continue their education in the medical and paramedical occupations take jobs as orderlies in order to be associated with the patient care aspects of the health care industries, and to enhance their knowledge and understanding. One administrator reported that he has had considerable success with this type of workers and preferred hiring college students for orderly openings. Much of the high ratio of part-time employment can be attributed to the number of students working as orderlies.

As is true of nurse aide, the employers' replacement needs for orderlies are very high. The high replacement needs estimated for orderlies on Table B can also be attributed, in part, to the number of these workers currently employed who accepted this work only as "stop-gap" work with eventual goals other than continued employment in this occupation.

Hospital administrators have stated that the training requirements are greater for orderlies than for nurse aides, because of the additional duties they perform, such as catheterization.

WARD CLERK

Table B shows employment of ward clerks only in hospitals in Idaho. Survey schedules presented to nursing home administrators did not include ward clerk, however. None of the sample nursing homes listed this occupation in the section of the interview schedule marked "other" and none of the sample nursing home administrators discussed ward clerk during this survey.

Hospital administrators contacted in this survey have disclosed that this occupation is relatively new in their institutions and some indicated that the use of ward clerks was on somewhat of an experimental basis. Ward clerks are being employed to ease the burden of record keeping on nursing personnel and, as such, their importance is becoming increasingly evident.

Some questions as to job description and the role of the ward clerk arose during interviews with sample employers. Indication of an interchangeableness with some duties of nurse aides was revealed but the more general concensus was that the occupation ward clerk was a "higher level" occupation than nurse aide and required a higher level of education and training.

One sample employer is experimenting in the use of the "ward management concept." This concept utilizes a ward manager who relieves professional employees of some of their duties. The ward manager is a higher level-of-complexity occupation than is the job that is the subject of this discussion.

Most of the larger hospitals surveyed in this study reported employing ward clerks, but only one sample hospital in the group that had 60 beds or less reported having these workers on the payroll. Two of the smaller hospitals projected that they will employ ward clerks in the forecast period, even though they did not currently employ them.

The projected increase in the use of these workers over the forecast periods shown on Table B connotes an increasing significance in future employment in this occupation. Most of the sample employers who have these workers on their payroll predicted an increase in their use over the forecast periods. Survey results indicate an approximate doubling in the number of ward clerks employed in hospitals by June of 1971. The estimated number of persons completing training shown on Table A would appear to be adequate to meet employer expansion needs but below the levels needed when expansion needs are combined with replacement needs.

HOME HEALTH AIDE

The occupation home health aide was included in the survey because this occupation is emerging in Idaho primarily because of provisions of Medicare, which makes home health care available to eligible persons. Even though hospitals, nursing homes, and others may be designated home health care agencies, none of the sample nursing homes in this study indicated that they had plans to become home health care agencies at the time of the survey. A number of nursing homes, however, did not rule out the possibility of making application for becoming home health care agencies, but they were unable at the time of the interviews to declare whether or not they intended to do so.

As shown on Table B, estimates are given for hospitals only. Many of the hospital administrators contacted in this research expressed views similar to those given by nursing home administrators. Only three of the hospitals in the sample indicated that they intended to apply to become designated as home health care agencies. The accuracy of the estimates is dependent upon circumstances which persons making predictions were unable to ascertain at the time of the interviews for this study. Therefore, the magnitude of the estimates on Chart B might be altered by more recent decisions in both hospitals and nursing homes.

SECTION III

MEDICAL TECHNOLOGY AND RELATED OCCUPATIONS

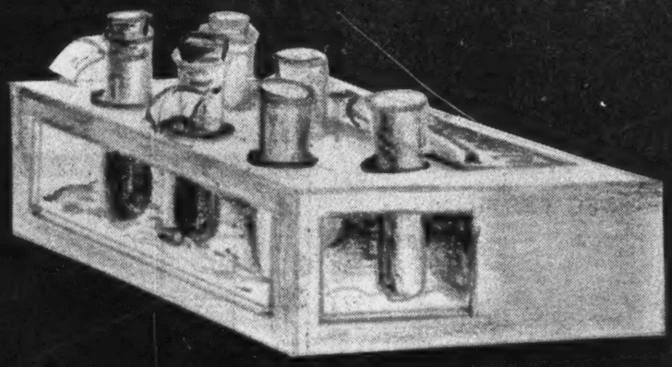
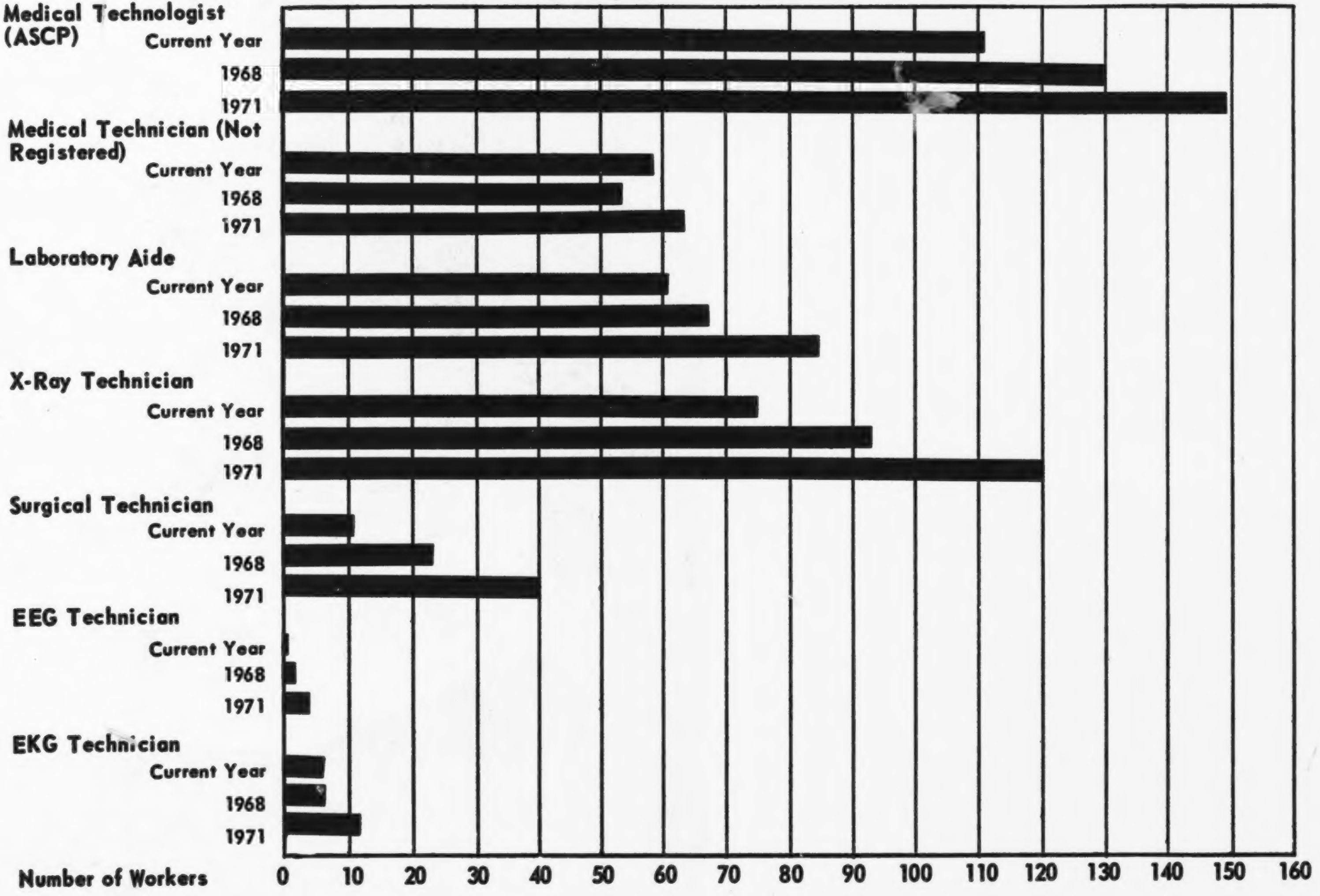


TABLE C
SELECTED MEDICAL TECHNOLOGY AND RELATED OCCUPATIONS
Estimates of Total Current Employment; Expected Employment in Two and Five Years; Estimate of Current Vacancies, Annual Replacement Needs, and Workers Completing Training Programs in Two and Five Years.
Idaho Hospitals – June 1966

Occupation	Estimated Current Employment	Expected Employment in		Estimated No. of Workers Needed for Replacements July 1966 through June 1967	Estimated Current Job Vacancies		Estimated No. of Workers Completing Plant Training Programs or Promoted Into Occupation	
		June 1968	June 1971		Total	No. Open 30 Days or More	2 Years	5 Years
Medical Technologist (ASCP)	117	131	148	31	11	7	33	133
Medical Technician (Not registered)	58	53	63	6	---	---	---	---
Laboratory Aide	61	67	85	22	---	---	8	14
X-Ray Technician	75	94	121	13	2	---	37	89
Surgical Technician	11	24	40	9	11	11	---	---
EEG Technician	1	2	4	---	---	---	---	---
EKG Technician	6	6	12	---	---	---	---	---

CHART C
SELECTED MEDICAL TECHNOLOGY AND RELATED OCCUPATIONS
Estimates of Total Current Employment and Forecasts of Expected Employment in 2 and 5 Years
Idaho Hospitals – June 1966



MEDICAL TECHNOLOGY AND RELATED OCCUPATIONS - GENERAL

The need for medical laboratory workers is great. The gap between supply and demand for qualified laboratory personnel in Idaho is evident from the responses given by sample employers in this survey. Nationally, the head of the American Society of Clinical Pathologists believes that the number of medical technologists in hospitals should be doubled to cope with the steadily increasing number and complexity of laboratory procedures.*

Hospital administrators have stressed the fact that qualified laboratory personnel, in general, are faced with an increased number of laboratory procedures which are also increasing in complexity. New equipment and procedures are constantly placing new demands upon the medical technologist and other workers in hospital medical laboratories. All indications are that jobs in the medical laboratories of hospitals will require more professionally trained workers. As a result, the lower-level occupations that require less education and training will become less significant in the future. In general, hospitals will seek to hire only the more qualified workers.

One hospital administrator in a smaller hospital expressed a view which is at variance with the forecasts of increased need for the more professional lab workers. In this employer's opinion, the need for the "higher-level" medical laboratory technician in the smaller hospital will not be acute because the trend is for patients to be referred to the larger urban centers where the services of more professional persons are available.

A number of medical technician jobs that are separate and distinct occupations, such as cyto-technologist and histologic technician, were not included in this report because in Idaho medical technologists are trained to do the broad spectrum of duties that are assigned to more specialized personnel in larger hospitals. In some of the larger hospitals in Idaho, some technologists do specialize in certain duties, but they are not given a special job title, and generally they are not exclusively assigned to a particular function in the medical laboratory. Technologists are not hired in Idaho in a laboratory specialty such as tissue technician, but are hired on the basis of their being able to perform all the duties of a medical technologist. Two of the sample employers declared that the size of the hospital determines how finely the duties of laboratory personnel are delineated, and sample employers have indicated that hospital size is usually 250 beds or more before technicians specialize in their duties. Also in Idaho, depending on the size and policy of particular institutions, some medical technologists and technicians perform the tasks of EKG technicians and in a few instances EEG technicians. EEG and EKG technicians were included in this survey to determine the future demands for these occupations in Idaho.

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* Philip D. Bonnet – "*Health Manpower Needs and Requirements,*" *Training Health Service Workers: The Critical Challenge* – Proceedings of the Department of Labor – Department of Health, Education and Welfare conference on job development and training for workers in Health Service, page 22.

MEDICAL TECHNOLOGIST (MT-ASCP)

The fact that there is a shortage of registered medical technologists on the national level is well known. This shortage is also evident in Idaho, and the help-wanted sign should continue to be out for these professional workers for some time. In all but a few instances, employers declared that this occupation has given them difficulty in hiring qualified workers. An additional indication of the shortage of registered technologists in Idaho are the estimates on Table C of current vacancies and the number of vacancies that had been open 30 days or more.

Because of expansion needs in Idaho, survey results produced an estimated need for 14 additional technologists by June of 1968 and 31 additional technologists by June of 1971. These forecasts resulted in an estimated 12 percent increase in two years and a 26 percent increase in five years.

Replacement needs appear to be relatively high in this occupation, but the figures given for replacement needs on Table C may be overstated because of a possible atypical reporting of smaller employers. A high ratio of medical technologists are women and, in general, high replacement needs are manifested in occupations in which a large proportion of women are employed. Women leave and return to the labor force more frequently than men and often prefer to work part time or part year. These characteristics of women workers may account for the high relative replacement needs in this professional occupation.

Although the percentage of part-time workers in each selected occupation was not a subject for inquiry in this survey, preparers of this report do note that about 17 percent of the medical technologists employed by the employer sample work on a part-time basis. This percentage may actually be higher than stated because of the possible differences in reporting by employers. The availability of part-time employment in this occupation is an advantage to many qualified women who have family responsibilities and who desire to work only part time.

The estimated number of medical technologists projected to complete training over the two year forecast period on Table C is sufficient to meet employment expansion needs but, when combined with replacement estimates, is about 45 workers fewer than needed in both two years and five years. The extent that medical technologists completing training in Idaho remain in the state is unknown. One sample employer did report that some medical technologists who complete training in Idaho do leave the state and the majority of those leaving the state move to California. This employer stated that about 80 percent of the medical technologists completing training in the hospital remain on the payroll.

MEDICAL TECHNICIAN (Not Registered)

When comparing the relationship of the projections on Chart C for medical technologists and the non-registered medical technician, it is evident that the occupation with the less professional requirements will become proportionately less significant during the two forecast periods. The wish of hospital administrators to employ persons with higher level qualifications, as previously noted, is reflected in the projections given in response to survey questions. Even though the demands in the medical laboratory are great, the need for the more professionally trained workers in this field favors the employment of the technologist over the non-registered technician. In fact, one administrator foresees a situation whereby the non-registered technicians would eventually be eliminated and only the more professional persons would be hired. Another hospital administrator reported that he only uses non-registered technicians if he is unable to employ registered technologists.

The lack of current vacancies reported on Table C would seem to support the above assumptions. The decrease shown in the two-year forecast period might be deceptive in that while there is an actual decrease projected, the number could reflect a wish on the part of current employers to replace part-time workers with full-time technicians. In any event, the reduction is not meaningful, and the current level of employment should remain approximately constant during the forecast periods. The very slight increase projected for the five-year period reflects the general expansion in the industry but, as graphically presented on Chart C, the expansion is much less than the other laboratory occupations.

LABORATORY AIDE

The level of complexity of the tasks performed by workers classified in this category would appear to differ among individual institutions contacted in this survey. One employer reported that he had eliminated the job classification and changed the duty of the worker to that of "bottle washer," which would imply that the job in that hospital had been changed to a "lower level" occupation. Probably some of what has been said previously about the upgrading of personnel working in the hospital medical laboratory applies to this lower-level occupation.

As indicated on Table C, the replacement needs for this occupation are similar to the ratios revealed in other "aide" or "lower-level" occupations. A few employers reported employing students in laboratory aide positions which could account for much turnover in the occupation.

The projected expansion in the need for these workers is consistent with the ratio of expansion projected for overall institution growth.

X-RAY TECHNICIAN

This survey did not delineate between the registered and non-registered X-ray technicians. All forecasts for this occupation are based upon responses from employers who did not separate registered and non-registered X-ray technicians in their projections. The only indication of any difference in hiring practices in the entire sample was a response from an employer who stated that he hired only registered X-ray technicians.

While this study disclosed some current shortage of X-ray technicians in Idaho, this shortage does not appear to be as acute as in the other technical occupations that are the subject of this study. This assumption is based primarily on the responses given on Part II of the interview schedule. A number of sample employers did list this occupation in response to the question asking the occupations that the employer has had the most difficulty in hiring qualified workers and the question asking which training was most needed to provide better qualified workers. One employer listed "registered X-ray technician" in both categories, indicating a shortage of registered technicians only. During interviews, however, hospital administrators did not stress the shortage of X-ray technicians as they had for registered medical technologists.

The ratios of expansion projected on Table C are higher for X-ray technicians than for medical technologists. A 25 percent increase in the employment of X-ray technicians is forecast in two years, and a 61 percent increase in five years. Approximately 19 additional workers will be needed by June 1968 and 46 additional workers by June of 1971. Much of this expansion results from the increased needs for X-ray technicians projected in the smaller hospitals with 60 beds or less. One larger hospital projected an increase from four to eight X-ray technicians by June of 1971.

Employer annual replacement need estimates were about 17 percent of the total current employment needs for registered medical technologists.

The estimated number of X-ray technicians completing training as shown on Table C is not adequate to meet both expansion and replacement needs over the two- and five-year periods. The estimated number that will be trained is 8 less than the number needed in two years and 22 less than the numberneeded in fiveyears. These estimates of training output are based on the employer sample and not a complete inventory of training facilities. One larger sample institution reported that about 80 percent of all X-ray technicians completing training in their hospital are kept on the payroll. The extent to which this situation is typical in Idaho is unknown.

SURGICAL TECHNICIAN

The responses that sample employers gave to questions regarding this occupation showed a dissimilarity in current employment policy and future needs in individual hospitals. In many hospitals, the tasks of a surgical technician are done by nursing personnel. Employers reported that both registered nurses and licensed practical nurses performed the tasks of surgical technician and one employer reported "training the best nursing assistants" to do the work of surgical technician. Only two of the larger sample hospitals (over 60 beds) reported current employment of these workers and only one hospital with under 60 beds reported a surgical technician on the payroll.

There were three sample institutions that did not currently employ surgical technicians but forecast their use during the forecast period. As shown on Table C, a very high proportional increase is projected for both forecast periods. Of the hospitals that currently employ persons classified in this category, one predicted an increase from one to three surgical technicians by June 1968 and an increase to four of these workers by June of 1971. Another hospital forecast an increase from one to three surgical technicians in five years. Two employers that do not currently employ these workers indicated that they would each employ two of them in five years.

The estimates on Table C could be overstated, particularly in the number of replacements needed and the number of current vacancies. Some inconsistencies in the reporting of smaller employers might have arisen which affected the estimates when the sample was expanded. The possibility exists that these sample employers included workers in this category who only performed the functions of surgical technician as a collateral duty.

Survey results suggest that this occupation is emerging in importance in Idaho. One larger employer reported that the occupation is separate from other hospital occupations, and training is needed. A few sample employers revealed that they would hire these technicians if they had received training and were available.

EEG TECHNICIAN

None of the sample employers reported employing EEG technicians. As indicated on Table C, very few employers predicted that they would employ these workers during the forecast period; however, one Idaho hospital does employ an EEG technician who is also able to perform the tasks of an EKG technician. Other hospitals may employ technicians that are combination EKG and EEG technicians. At the present time, most of the hospital facilities in Idaho that would utilize these technicians are not yet large enough to hire a specialized technician in this category. As previously stated, depending upon hospital size and policy, most "EEG's" are currently performed by medical technologists and in some cases by nursing personnel. By 1971, however, survey results forecast that an estimated four EEG technicians will be employed in Idaho.

EKG TECHNICIAN

EKG technician is an occupation that is emerging in Idaho. Based upon the sample, there are only an estimated six workers employed in this occupation in Idaho, but that number is expected to double in the five-year forecast period. As is the situation with EEG technician, many hospitals reported that the duties of EKG technician are performed by laboratory technicians or technologists and in some cases by nursing personnel. One hospital reported that a nurse-aide level employee does the work of EKG technician under supervision.

There is evidence of divergent views on the need for workers in this occupation. A few administrators stated that there is no need for specialized technicians in EEG and EKG until a hospital has 250 or more beds. As previously noted, the size of the institution is the determining factor in the employment of these workers in the opinion of some administrators.

Notes on Other Technical and Related Occupations Not Selected in the Survey

ISOTOPE TECHNICIAN – One large Idaho hospital reported that they currently have one-half position in this occupation. They did not forecast the future needs.

X-RAY THERAPY TECHNICIAN - One large hospital forecast that they would need one full-time position for X-ray therapy technician before 1971.

X-RAY AIDE – From statements of administrators, survey analysts are unable to reach conclusions as to the potential training need for this occupation as there were dissimilar views expressed by hospital administrators. Some administrators felt that this was strictly an occupation requiring no specialized training, while other administrators believed special training could be valuable to aides who work in the X-ray section of the hospital.

SECTION IV

THERAPISTS AND RELATED OCCUPATIONS

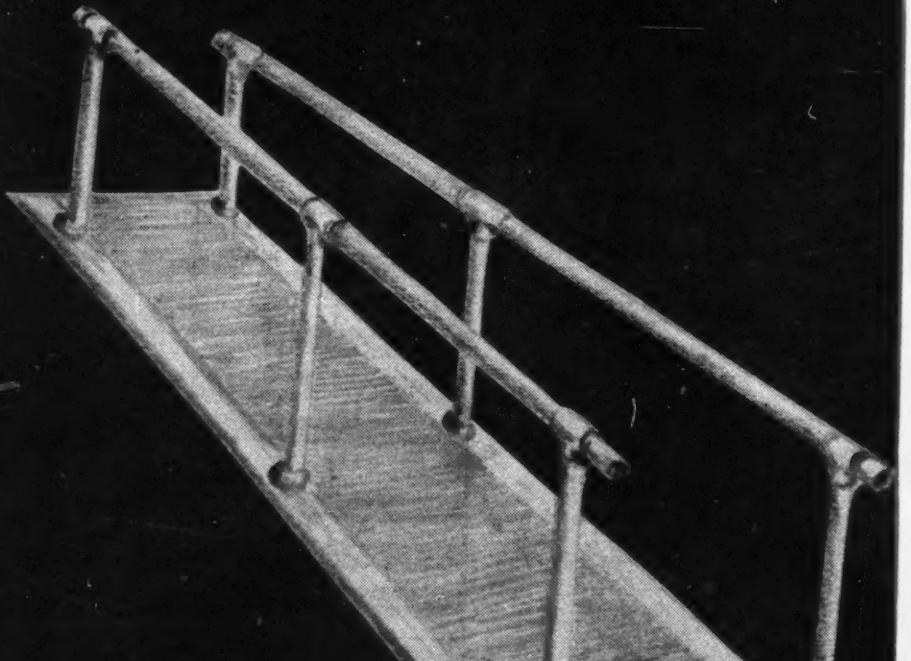


TABLE D

SELECTED THERAPISTS AND RELATED OCCUPATIONS

Estimates of Total Current Employment; Expected Employment in Two and Five Years; Estimate of Current Vacancies, Annual Replacement Needs, and Workers Completing Training Programs in Two and Five Years.

Idaho Hospitals and Licensed Nursing Homes – June 1966

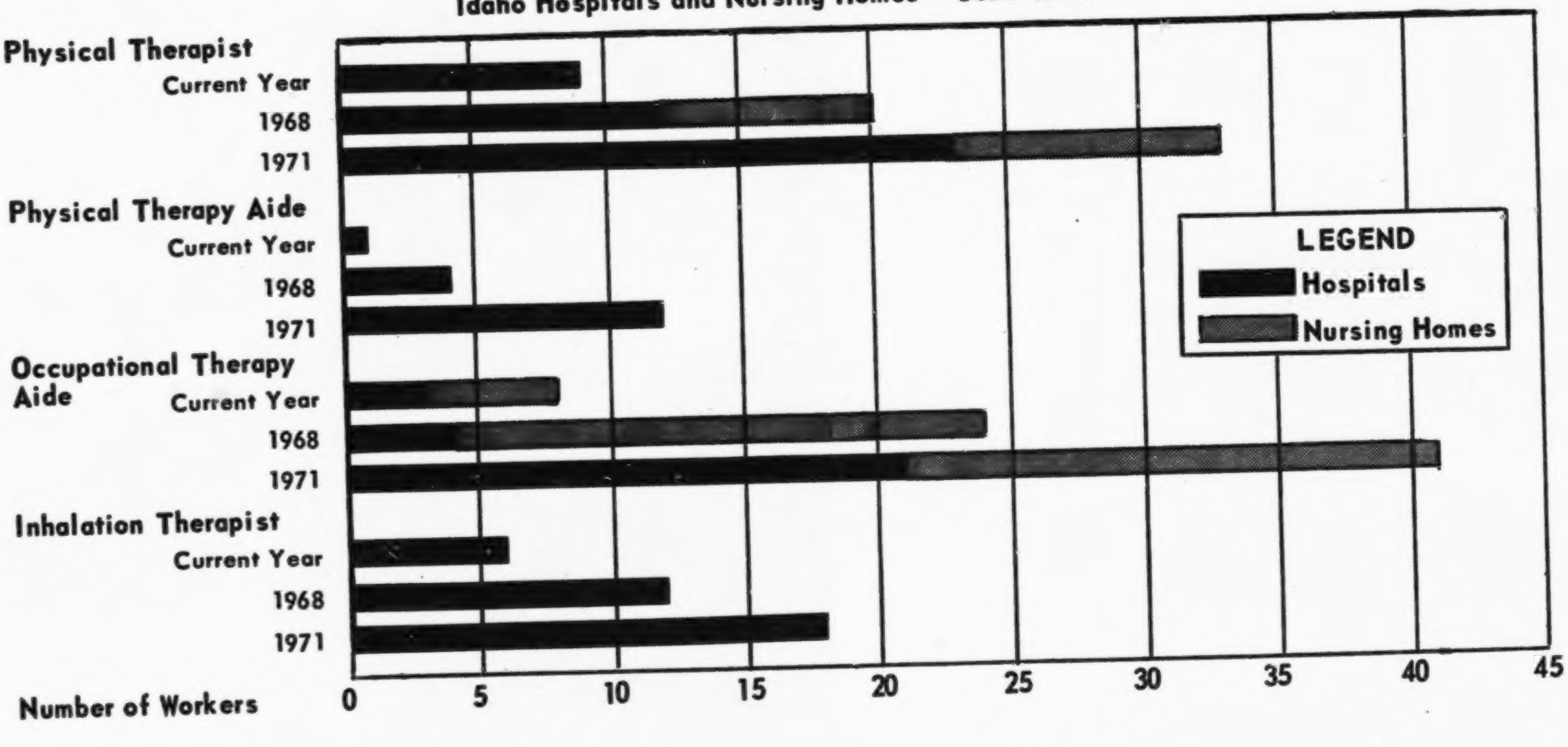
Occupation	Estimated Current Employment	Expected Employment in		Estimated No. of Workers Needed for Replacements July 1966 through June 1967	Estimated Current Job Vacancies		Estimated No. of Workers Completing Plant Training Programs or Promoted Into Occupation	
		June 1968	June 1971		Total	No. Open 30 Days or More	2 Years	5 Years
Physical Therapist	9	20	33	1	1	1	---	---
Hospitals	9	12	23	1	1	1	---	---
Nursing Homes	0	8	10	---	---	---	---	---
Physical Therapy Aide	1	4	12	---	2	---	---	---
Occupational Therapy Aide	8	24	41	---	---	---	---	---
Hospitals	3	4	21	---	---	---	---	---
Nursing Homes	5	20	20	---	---	---		
Inhalation Therapist	6	12	18	---	2	---	6	8

CHART D

SELECTED THERAPY AND RELATED OCCUPATIONS

Estimates of Current Employment, Forecasts of Expected Employment in Two and Five Years

Idaho Hospitals and Nursing Homes – June 1966



PHYSICAL THERAPIST

The survey showed physical therapists employed in hospitals but not in nursing homes at the time of the survey. A number of nursing home administrators stated that they use the services of a physical therapist on a consultant basis but that they are not on the payroll. Physical therapy consultants visit some nursing homes on a regular basis.

Nursing home administrators disagreed on the potential for the employment of physical therapists in Idaho nursing homes. Some of the employers declared that their physical plant is just not "set up" to handle physical therapy. They said the use of physical therapists would involve separate building areas which are not available and in most cases would require the construction of additional facilities. One administrator stated that geriatric patients who need physical therapy should be in hospitals. Some administrators who do not have the service of a physical therapist but who feel that physical therapy has a potential in nursing homes in Idaho indicated that they would be interested in a physical therapist only on a consultant basis. Three of the sample nursing homes forecast the the employment of a physical therapist by June 1968.

The expected expansion of this occupation is evident on Chart D. The projected increase could be overstated in the five-year projection because of a possible atypical forecast of expansion reported by one of the smaller hospitals. Five of the sample hospitals projected the addition of at least one physical therapist in the five-year forecast period. Two of these hospitals did not currently employ a physical therapist.

PHYSICAL THERAPY AIDE

Only one of the sample hospitals reported employing a physical therapy aide. But four others projected employing them within the five-year forecast period. Two of the hospitals adding these workers predicted that they would do so by June of 1968. The largest number of physical therapy aides projected at the time of the survey to be employed by any individual institution by June 1971 was three. There were an estimated two current vacancies for these workers in hospitals in Idaho.

Although physical therapy aide was not selected as an occupation to be surveyed in nursing homes, sample nursing home administrators did discuss the implications of the occupation in their institutions. For example, one nursing home administrator reported that some nurse aides do "low-level" work as physical therapy aides under the supervision of a consultant physical therapist but only in addition to their regular duties. Another nursing home administrator said that his aides had received "workshop" training in this work. These aides also performed some of the tasks of a physical therapy aide under supervision, but only in addition to their other duties. Three other administrators stated that each have a registered nurse who had taken special training in physical therapy and who performed some of the tasks of physical therapy aide in addition to their regular duties.

OCCUPATIONAL THERAPY AIDE

There is a problem in definition of the term "occupational therapy aide" which must be considered in analyzing survey results. In the definition shown in the appendix, three of the listed activities are performed in assisting the occupational therapist in medically oriented programs to assist in rehabilitation. Also listed, however, is the instruction of patients in manual and creative arts, games, crafts, and other activities. These last activities are more in the nature of a recreational or social aide and are the activities which some respondents reported under this title.

As shown on Chart D, current employment of occupational therapy aides is relatively small in Idaho. Even though there are an estimated eight occupational therapy aides currently employed in Idaho hospitals and nursing homes, it is doubtful that many of the responding institutions correctly identified the job tasks of an occupational therapy aide with the tasks performed in their institutions. Employment estimates, therefore, could be overstated because of this possible inaccurate reporting. The estimates on Table D do indicate, however, that the demand for future use of these workers in Idaho is significant. At least four of the sample hospitals and six of the sample nursing homes expressed a wish to employ them during the forecast period.

Employers gave contrasting responses to questions concerning occupational therapy aide. Examples of responses to interviewer questions follow:

– "Volunteers do some duties of occupational therapy aides....prefer to have volunteers to do work rather than hire aides."

– "Actually, home is not set-up structurally to handle occupational therapy....this would require shop space and building-on."

– "If expands, will use specially trained aide in occupational therapy....RN does work on voluntary basis now, one day per week."

– "Little need for occupational therapy in nursing home....need is for recreation therapy.... chances of rehabilitating in occupation are nil."

– "Would like to have occupational therapy aide but needs are greater in other areas....need is great but can't hire because of expense....this would be a luxury item....would have to have 10 to 15 percent more income."

– "Hiring an occupational therapy aide would be a community thing....occupational therapy could not be full-time...on call-basis as needed.. Would have to work more than one institution."

– "One LPN does some occupational therapy.... actually job better defined as recreation therapy."

– "At one time had occupational therapist.... in-patient time has been shortened because of technology....don't need any more."

INHALATION THERAPIST

This newer occupation is emerging in significance in Idaho hospitals. While current employment of inhalation therapists is limited to a *small number of Idaho hospitals*, employment of these therapists is expected to show significant increases in both the two- and five-year forecast periods. The use of inhalation therapists will probably be limited to the larger Idaho hospitals, however.

Only two hospitals in the sample showed current employment of inhalation therapists at the time of the survey. Projections must be less precise than the figures indicate in an emerging occupation. With more experience in Idaho in the use of this occupation, plans and projections may be revised upward.

Although there were a number of hospital administrators who forecast a need for these therapists, other hospital administrators expressed contrasting opinions. One hospital administrator stated that the better nursing assistants are capable of doing the work of inhalation therapist. This administrator would not hire inhalation therapists if they were available. Another sample employer reported that there is no market at the present for these workers and an "aide-level" employee trained to handle the necessary equipment under direction would be suitable to meet his needs. Another sample employer declared that an inhalation therapist would have to be able to perform duties in other areas of hospital work. One hospital administrator declared that he uses a registered nurse to perform the tasks of an inhalation therapist and he did not have any plans to change. He did foresee, however, a situation arising in his institution whereby he could use an inhalation therapist.

As indicated on Table D, there is a projection that inhalation therapists will be trained in Idaho. The estimated number of these workers being trained is not adequate to meet the forecast needs of employers. In June of 1966 there were an estimated two current vacancies for inhalation therapist in Idaho.

PHYSICAL THERAPIST

The survey showed physical therapists employed in hospitals but not in nursing homes at the time of the survey. A number of nursing home administrators stated that they use the services of a physical therapist on a consultant basis but that they are not on the payroll. Physical therapy consultants visit some nursing homes on a regular basis.

Nursing home administrators disagreed on the potential for the employment of physical therapists in Idaho nursing homes. Some of the employers declared that their physical plant is just not "set up" to handle physical therapy. They said the use of physical therapists would involve separate building areas which are not available and in most cases would require the construction of additional facilities. One administrator stated that geriatric patients who need physical therapy should be in hospitals. Some administrators who do not have the service of a physical therapist but who feel that physical therapy has a potential in nursing homes in Idaho indicated that they would be interested in a physical therapist only on a consultant basis. Three of the sample nursing homes forecast the the employment of a physical therapist by June 1968.

The expected expansion of this occupation is evident on Chart D. The projected increase could be overstated in the five-year projection because of a possible atypical forecast of expansion reported by one of the smaller hospitals. Five of the sample hospitals projected the addition of at least one physical therapist in the five-year forecast period. Two of these hospitals did not currently employ a physical therapist.

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Only one of the sample hospitals reported employing a physical therapy aide. But four others projected employing them within the five-year forecast period. Two of the hospitals adding these workers predicted that they would do so by June of 1968. The largest number of physical therapy aides projected at the time of the survey to be employed by any individual institution by June 1971 was three. There were an estimated two current vacancies for these workers in hospitals in Idaho.

Although physical therapy aide was not selected as an occupation to be surveyed in nursing homes, sample nursing home administrators did discuss the implications of the occupation in their institutions. For example, one nursing home administrator reported that some nurse aides do "low-level" work as physical therapy aides under the supervision of a consultant physical therapist but only in addition to their regular duties. Another nursing home administrator said that his aides had received "workshop" training in this work. These aides also performed some of the tasks of a physical therapy aide under supervision, but only in addition to their other duties. Three other administrators stated that each have a registered nurse who had taken special training in physical therapy and who performed some of the tasks of physical therapy aide in addition to their regular duties.

OCCUPATIONAL THERAPY AIDE

There is a problem in definition of the term "occupational therapy aide" which must be considered in analyzing survey results. In the definition shown in the appendix, three of the listed activities are performed in assisting the occupational therapist in medically oriented programs to assist in rehabilitation. Also listed, however, is the instruction of patients in manual and creative arts, games, crafts, and other activities. These last activities are more in the nature of a recreational or social aide and are the activities which some respondents reported under this title.

As shown on Chart D, current employment of occupational therapy aides is relatively small in Idaho. Even though there are an estimated

SECTION V

DIETARY AND FOOD SERVICE OCCUPATIONS

TABLE E
SELECTED DIETARY AND FOOD SERVICE OCCUPATIONS

Estimates of Total Current Employment; Expected Employment in Two and Five Years; Estimate of Current Vacancies, Annual Replacement Needs, and Workers Completing Training Programs in Two and Five Years.

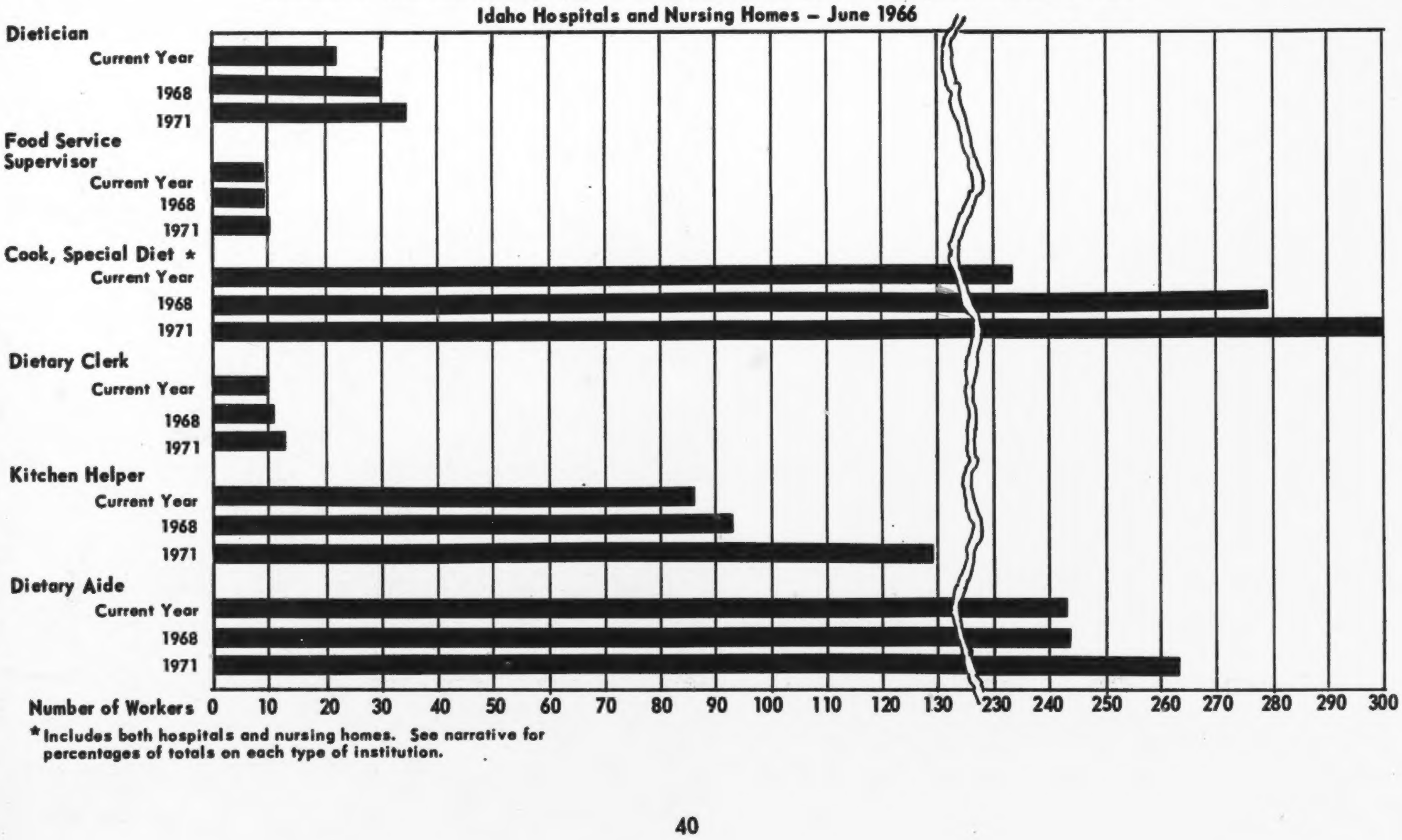
Idaho Hospitals and Licensed Nursing Homes – June 1966

Occupation	Estimated Current Employment	Expected Employment in		Estimated No. of Workers Needed for Replacements July 1966 through June 1967	Estimated Current Job Vacancies		Estimated No. of Workers Completing Plant Training Programs or Promoted Into Occupation	
		June 1968	June 1971		Total	No. Open 30 Days or More	2 Years	5 Years
Dietician (Hospital Only)	24	30	37	2	7	7	---	---
Food Service Supervisor (Hospital Only)	9	9	10	---	---	---	---	---
Cook, Special Diet (Total)	233	279	302	42	---	---	47	84
Hospitals	130	152	175	17	---	---	24	41
Nursing Homes	103	127	127	25	---	---	22	43
Dietary Clerk (Hospital Only)	10	11	13	---	---	---	---	---
Kitchen Helper (Hospital Only)	86	93	130	16	---	---	40	79
Dietary Aide (Hospital Only)	244	244	264	58	9	---	26	66

CHART E
SELECTED DIETARY AND FOOD SERVICE OCCUPATIONS

Estimates of Total Current Employment and Forecasts of Expected Employment in 2 and 5 Years

Idaho Hospitals and Nursing Homes – June 1966



*Includes both hospitals and nursing homes. See narrative for percentages of totals on each type of institution.

DIETICIAN

While a statewide shortage of dieticians is not readily apparent from Table E, the job market for qualified dieticians is characterized by high demand. Generally, survey hospital and nursing home administrators have indicated that the supply of the professionally trained dieticians is insufficient to meet the needs of Idaho employers, and a few sample employers listed this profession as one which they have experienced difficulty in hiring qualified workers. Nationally, the *Health Careers Guidebook* published by the U. S. Bureau of Employment Security reports that there is a serious shortage in this profession and the hospital situation is most critical. There is every indication that the need for additional dieticians will continue for a long time.

In this survey no differentiation was made among the specialties within this broad occupational classification. In Idaho the survey disclosed that in only a few of the larger hospitals is there any degree of specialization in dieticians' tasks and only two survey hospitals employed more than one dietician. The specialization follows two main lines in hospitals—therapeutic and administrative. In addition, this survey did not attempt to isolate the registered professional dietician from the nonregistered dietician. There is little doubt that many sample employers reported nonregistered dietician on the line provided for this occupation on the survey schedule.

Although dietician was not listed on the survey schedules presented to sample nursing home administrators, a number of employers did report an emerging need for these workers, and a few nursing home administrators forecast employing a dietician during the forecast period. Some nursing home administrators state that need for dieticians in nursing homes would best be met by consultant dieticians who would provide their services to a number of institutions. At the present time, there are nursing homes in Idaho that do have the services of a dietician available to them on a consultant basis. One administrator of a larger nursing home reported that his institution cannot afford to hire a full-time dietician, but he has a need to hire a person who "knows diets." The job title of this worker would be food service supervisor. Another administrator stated that trained dietetic cooks were needed as his nursing home cannot afford to hire a dietician.

The projected two-year additional need for dietitians is entirely a result of predicted expansion in the smaller hospitals of 60 beds or less. None of the larger sample hospitals forecast an increase during the two-year period. Three survey hospitals with over 60 beds projected an additional need for dietitians after two years, but within five. These forecasts would appear to reveal a more current demand in the need for dieticians as a result of the expansion in the smaller hospitals, most of whom do not now employ these workers, and a longer term expansion need in the larger Idaho hospitals. Survey results indicate that employer replacement needs are not acute.

FOOD SERVICE SUPERVISOR

Food service supervisor is a relatively new occupation in Idaho hospitals and, as indicated on Table E, only a few survey hospitals reported current employment of these workers.

As shown on Chart E, little expansion is forecast based on the survey. The only expansion revealed was in one larger hospital that currently employed one food service supervisor and projected a need to hire an additional worker by June 1971. One responding employer reported this occupation on Part II of the survey schedule as being new to his establishment. Employment of food service supervisors is limited, in the survey sample, to the larger hospitals.

The current employment and the future demand for this occupation is somewhat obscured in Idaho by the difference in sizes of food service departments and by the way in which they are organized. The job descriptions in Exhibit B of the appendix for food service supervisor and dietician include tasks which are common to both occupations. This similarity in the job tasks of a dietitian indicates a relationship between the occupations which could vary considerably in individual institutions. In some larger hospitals, food service supervisors work under the direction of a dietician. In other hospitals the dietician performs the duties of a food supervisor. One larger survey hospital employs two dieticians, one of whom acts as food service supervisor ae an additional duty. Another hospital administrator reported that he employs a food service supervisor that specializes in diet but he does not employ a dietician.

Even though the occupation food service supervisor was not selected as an occupation to be surveyed in nursing homes, some survey nursing home administrators have indicated that there is a potential job market for these workers in Idaho nursing homes. One nursing home administrator declared that the nursing home he represented was unable to afford a dietician but has need to hire a food service supervisor who knows diets.

COOK, SPECIAL DIET

The term "cook, special diet" is the title given to all cooks in hospitals and nursing homes.

For the purpose of this survey, administrators were asked to disregard "special diet" in the job title and to record entries in this category on survey schedules on the basis of the "cooks" working in their establishment. The possibility exists that there could have been some under-reporting if the "special diet" in the job title was given too much weight by employers.

An estimated 56 percent of the current employment of cooks shown on Chart E work in hospitals and 44 percent work in nursing homes. The number of workers employed as cooks in hospitals and nursing homes is larger than any group of workers in the survey food service occupations, except for the "lower skill level" occupation, dietary aide.

Based upon the survey, the employment level of cooks in Idaho hospitals and nursing homes will increase 46 by June 1968. This expansion need in the two-year period represents a 20 percent increase over estimated current employment. Much of the increase results from the plans for expansion in Idaho nursing homes. An estimated 24 additional cooks will be needed for expansion in Idaho nursing homes in the two-year forecast period, which is a projected increase of 23 percent over current employment. Survey results indicate a 17 percent increase in need for these workers in Idaho hospitals in the two-year forecast period. A 35 percent expansion need for cooks is forecast in Table E for hospitals over the five-year forecast period, but no increase is projected in nursing homes. As indicated in the discussion of other occupations selected for study in nursing homes, sample nursing home administrators were generally unable to predict their needs over the longer forecast period because those nursing homes that had plans for expansion expected completion of planned increases in employment before June 1968. The ratio between the number of cooks predicted to be employed in hospitals and nursing homes should remain relatively constant during the two-year forecast period but the proportion of these workers employed in hospitals should increase over the five-year period.

Employers' annual replacement needs shown on Table E are about 18 percent of the estimated current employment. Replacement needs are somewhat higher in nursing homes than in hospitals with hospitals showing a 13 percent annual replacement need and nursing homes a 24 percent replacement need.

The number of persons who work as cooks on a part-time basis, as reported by sample employers, is fewer than in many of the occupations included in the study. In general, part-time employment of cooks is more prevalent in nursing homes than in hospitals. About 20 percent of the cooks who work in sample nursing homes work only part time.

The estimated number of cooks predicted to be trained in nursing homes and hospitals should be adequate to meet employer expansion needs, but when combined with employers' needs for replacement of these workers the numbers are below needed levels.

The interviewer that gathered the information for this report asked each sample hospital and nursing home administrator about the suitability of this occupation for vocational training in Idaho. The responses given to these inquiries varied considerably and revealed a dichotomy of opinion on the subject. Generally the nursing home administrators were more favorably oriented toward vocational training of cooks to work in their institutions. The following statements are a sample of the responses given to interviewer questions by both hospital and nursing home administrators:

– "No special training needed for cooks...any qualified cook can do the work of a special diet cook, working under supervision of a dietician.."

– "Trains good cooks to become diet cooks. It does not take additional knowledge and training to learn diet cooking....Does own training."

– "Cooks are cooks....no need for special training if cooking under supervision of a dietician."

– "No training needed to qualify for hospitals... no special training."

– "Hires grandmother type as cooks in hospital... wrong in thinking special training needed for hospital cooks. Grandmothers know how to cook. Training ruins good cooks."

– "Cooks should have special training....hospital cooking is different."

– "...No special training if cooking with dietician. Otherwise training would be beneficial.... It would be good to have special diet training... Cooks just don't know diets, etc., without special training..."

– "Training course for special diet cooks would be beneficial....dietetic cook is trainable occupation....Can't hire a dietician."

– "Cooks do not need special training....Must screen very carefully, though."

DIETARY CLERK

This occupation could be presented in the section of this report concerned with the clerical occupations in hospitals, for dietary clerks are clerical workers who do the "paper work" in the dietetics departments of hospitals.

Even though the "Health Careers Guidebook" reports that this occupation is beginning to get recognized in most hospitals, the employment of these workers in Idaho hospitals has not reached significant levels and, as can be seen on Chart E sample employers did not forecast significant increases in the use of dietary clerks in Idaho hospitals.

Dietary clerks are employed only in the larger hospitals and only one of these workers was on the payroll in each of the survey hospitals that currently employ them. In addition, none of the hospitals that have dietary clerks projected additional need for them over the two forecast periods, but expansion was in hospitals that do not currently employ dietary clerks. One employer declared that his dietician does the necessary clerical work and he does not foresee a situation in which he would use a dietary clerk in the next ten years.

KITCHEN HELPER

Kitchen helper is a "lower skill level" food service worker. Job titles for the workers who perform the tasks listed in exhibit B of the appendix for kitchen helper vary considerably in the different institutions surveyed. The possibility exists that reporting employers could have classified workers who perform the tasks listed for kitchen helper in other occupations on survey forms such as dietary aide even though the job tasks are different.

As indicated on Table E, survey results did not manifest significant increases in the need for additional kitchen helpers in the two-year forecast period, but a 50 percent increase in the need for these workers is projected for the five-year period. The expansion in hospitals over the five-year period results from institution expansion requirements in both the smaller and the larger Idaho hospitals.

Employer replacement needs for kitchen

helpers are indicated to be about the same level as those shown for other occupations in this study which do not require much training or education. This survey yielded an 18 percent annual replacement estimate for kitchen helpers.

Even though kitchen helper was not included in the list of selected occupations for inquiry in nursing homes, nursing home administrators have stated that there will be an increased need for these workers because of the expansion plans in many institutions. A few nursing home administrators listed this occupation in the section on Part II of the survey schedule which requested the occupations that have given employers the most difficulty in hiring qualified workers. This would indicate some current shortage of qualified kitchen helpers. Some administrators also declared that there is a training need for kitchen helpers. For one reason, skill and knowledge are needed to operate the big automatic dishwashing machines. The operation of dishwashing machines is included in the tasks of many of these workers as shown in the job descriptions for this occupation in exhibit B of the appendix.

The total additional need for kitchen helpers in the two types of institutions included in this survey is not complete because this occupation was not included in the list of selected occupations submitted to nursing home administrators.

DIETARY AIDE

Very little expansion in the need for dietary aides is disclosed in survey responses. Most of the expansion shown on Table E results from the expansion needs of the hospitals with 60 beds or less. Actually, while Table E does not show significant expansion demands for these workers, some expansion is indicated by the survey in that many of the hospitals employing part-time dietary aides forecast additional needs by increasing the number of full-time workers and reducing the number of part-time dietary aides.

Part-time employment is a significant factor in the total employment in this occupation in Idaho hospitals. In fact, 24 percent of the current employment reported by sample employers in this occupation work part time. Not all reporting hospitals employ part-time dietary aides, however. One larger survey hospital primarily employs part-time dietary aides. The hospital administrator of that institution stated that the hospital uses "school girls" as dietary aides. This survey did not investigate the extent to which other hospitals use students in this occupation, but preparers of this report believe that there are probably other Idaho hospitals who use "school girls" in part time dietary aide positions.

As might be expected, employers' replacement needs account for a high percentage of demand for dietary aides during the forecast period. The annual replacement needs estimate on Table E for these workers is about 24 percent of the total current employment.

SECTION VI

OCCUPATIONS INVOLVING MEDICAL RECORDS AND CLERICAL OCCUPATIONS

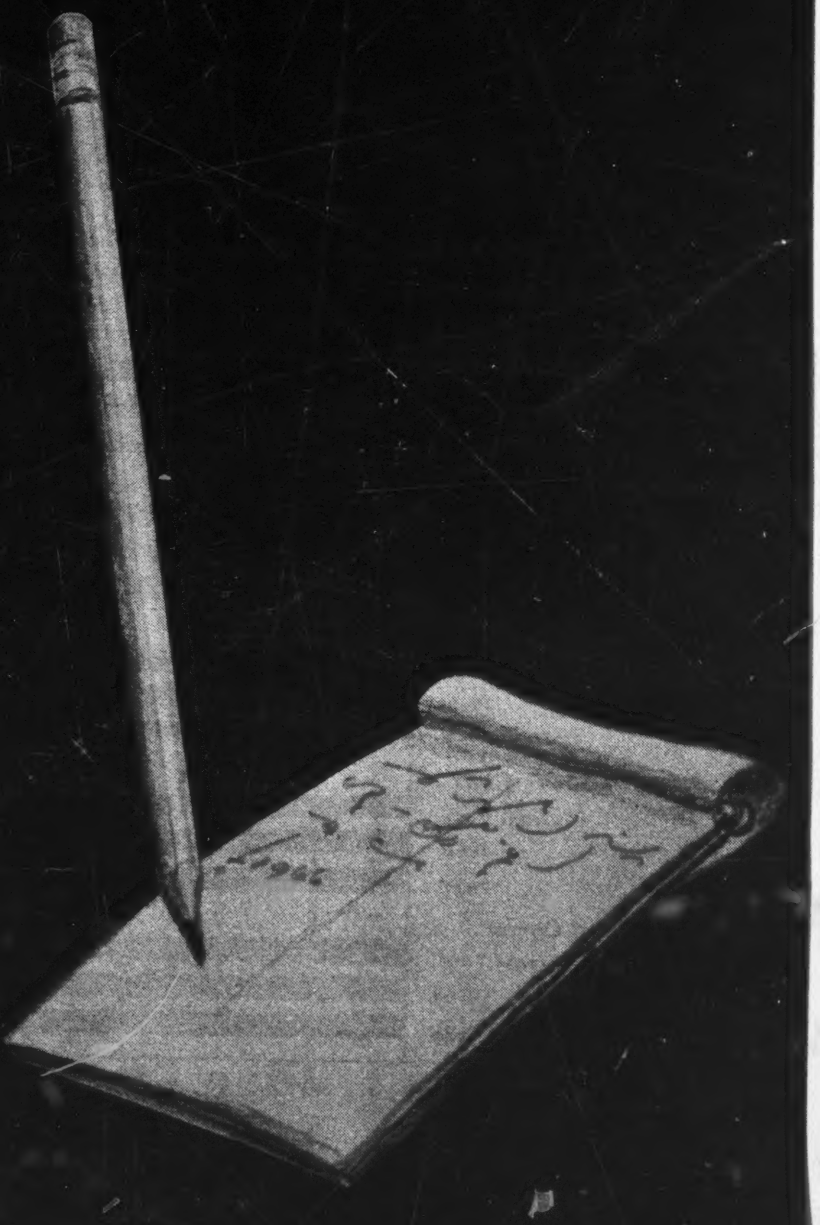


TABLE F
SELECTED OCCUPATIONS INVOLVING MEDICAL RECORDS AND CLERICAL OCCUPATIONS

Estimates of Total Current Employment; Expected Employment in Two and Five Years; Estimate of Current Vacancies, Annual Replacement Needs, and Workers Completing Training Programs in Two and Five Years.

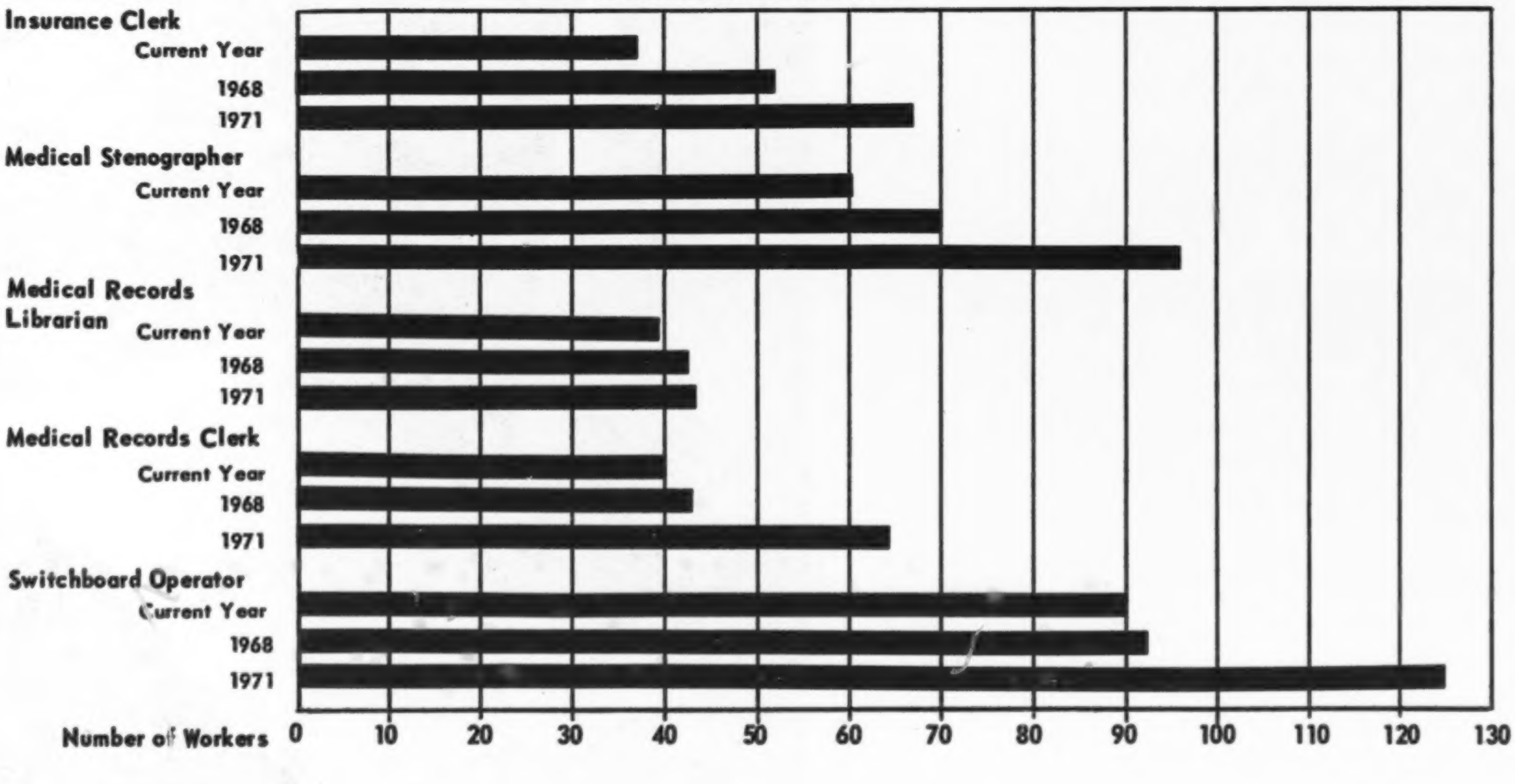
Idaho Hospitals – June 1966

Occupation	Estimated Current Employment	Expected Employment in		Estimated No. of Workers Needed for Replacements July 1966 through June 1967	Estimated Current Job Vacancies		Estimated No. of Workers Completing Plant Training Programs or Promoted Into Occupation	
		June 1968	June 1971		Total	No. Open 30 Days or More	2 Years	5 Years
Insurance Clerk	37	52	67	2	---	---	7	14
Medical Stenographer	60	70	96	9	9	---	---	---
Medical Records Librarian	39	39	40	3	3	3	---	---
Medical Records Clerk	40	43	66	16	7	---	13	26
Switchboard Operator	90	92	125	28	7	---	4	10

CHART F
SELECTED OCCUPATIONS INVOLVING MEDICAL RECORDS AND SELECTED CLERICAL OCCUPATIONS

Estimates of Total Current Employment and Forecasts of Expected Employment in 2 and 5 Years

Idaho Hospitals – June 1966



INSURANCE CLERK

When hospital administrators were asked what the anticipated effects of the "Medicare Law" on jobs and employment would be in their institutions, the occupations which were mentioned most frequently were the occupations in the business offices. If the predictions which administrators gave are valid, undoubtedly the need for additional insurance clerks will be high. Sample employers' projections for this occupation on Table F reflect the opinions of administrators that there will be increased demands for persons trained to take insurance clerk jobs as a result of "Medicare." One hospital administrator declared that he would need to hire an additional person in his business office within six months as a result of "Medicare" to handle insurance and perform other tasks. Other employers did not predict as current a need to hire additional workers because of the "Medicare" legislation.

The differences in size of Idaho hospitals and the differences in organization of their business departments most certainly gives rise to a differentiation in the job tasks of the persons working in the various hospital business offices. Particularly in the smaller hospitals the persons that perform the duties of insurance clerks also do other tasks such as admitting and credit work. Probably many of the workers reported in the insurance clerk classifications by survey employers also have job tasks other than those involved with insurance. In fact, one administrator of a larger hospital stated that there is no such thing as insurance clerk in his hospital. The job tasks of an insurance clerk are performed by an "account clerk" who also has responsibilities and duties other than those involved with insurance.

Based upon employer projections, survey results yielded a 40 percent estimated additional need for insurance clerks by June, 1968, and an 81 percent increase by June of 1971. The high estimates of additional need for these workers included both the added need because of Medicare, as predicted by administrators, and the anticipated expansion within Idaho hospitals. All but two of the larger hospitals of 60 beds or more forecast a need to add at least one of these workers to their payroll over the five-year forecast period. Two of these hospitals did not report current employment of insurance clerks.

Insurance clerk was not among the occupations selected for inclusion in the list of occupations submitted to nursing home administrators. One nursing home administrator did list this occupation, however, as one which was new or emerging in his establishment. If this nursing home is typical of the licensed nursing home industry, an additional demand for this occupation will be evident because of the rapid expansion of the nursing home industry in Idaho.

The expansion shown on Chart F for insurance clerks might be interpreted as an indicator of the overall expansion needs in the business offices of Idaho hospitals.

MEDICAL STENOGRAPHER

Some sample employers have indicated special interest in the potential suitability of vocational training for medical stenographers. A number of administrators listed this occupation as one in which training is most needed to provide better qualified workers.

The demand for the stenographer that has received training in medical terminology and in other skills and knowledge of the medical stenographer has been demonstrated by the success of a vocational training program for these workers in one Idaho city. There have been two classes to train medical stenographers and a third class is underway at the time this report was prepared. The two classes that have been completed resulted in placement of all of the trainees that completed the course. The estimated number of current vacancies shown for this occupation on Table F is another indication of current demand for trained medical stenographers.

Survey results indicate that the demand for medical stenographers should remain strong over the forecast periods, with an estimated 10 additional workers (exclusive of replacement need) needed by June, 1968, and 36 additional workers needed by June, 1971. This expansion demand is a 16 percent increase in the two-year forecast period and a 60 percent increase in the five-year forecast period. This added demand results from employers' expansion needs. A projected need to replace about 9 of these workers annually was manifested in survey projections.

MEDICAL RECORDS LIBRARIAN

The "Health Careers Guidebook" reports that "the demand for competent medical records librarians far outstrips the supply." Some hospital administrators contacted in this study indicated that this is true. A number of sample employers did list this occupation as one which had given them the most difficulty in hiring qualified workers. An acute current shortage of qualified medical records librarians is not readily apparent on Table F, but the estimated number of current vacancies would indicate some degree of current shortage of these professional workers. The fact that all of the current openings reported by sample employers had been open for over 30 days strengthens this assumption.

Survey employers were not asked to report separately registered and nonregistered medical records librarians. As a result, both registered and nonregistered medical records librarians are combined in the estimates shown on Table F.

Both the larger and the smaller survey hospitals reported current employment of a medical records librarian, but two smaller sample hospitals listed their medical records librarian as a part-time employee. Only one medical records librarian was listed as being employed in each of the reporting hospitals. One hospital did not have one of these workers on its payroll. Another hospital that reported current employment of a part-time medical records librarian projected a need for a full-time worker during the forecast period.

Survey results, as shown on Chart F, did not yield significant additional need for medical records librarians. One possible reason for this forecast is that hospitals will not require additional workers because of any planned expansion. In addition, there is the possibility that a new occupation – medical records technician – is emerging in the medical records section of many Idaho hospitals. This new occupation is discussed in this section of this report.

MEDICAL RECORDS CLERK

Medical records clerks were currently employed in all of the larger sample Idaho hospitals, and a number of the hospitals with 60 beds or less. Four was the largest number of these workers employed in any single survey hospital.

Although the survey did not yield important additional need for medical records clerks in the two-year forecast period, a 65 percent increase in demand was manifested during the five-year forecast period. The largest addition by any single sample employer was an increase from two to six workers by June, 1971. Only two of the smaller survey hospitals reported current employment of medical records clerks. One of these hospitals projected an increase of one worker by June, 1971. Another small hospital without current employment of these workers forecast a need to hire one in the five-year period.

In the smaller hospitals there is probably a greater relationship between the tasks involving medical records and business office duties. Workers in these hospitals may have responsibilities in both areas of hospital activity.

As might be expected, the survey indicated that employer replacement needs are high for this occupation. The estimated number of workers needed for replacement annually represents 40 percent of the estimated total current employment. A number of survey occupations in which female workers predominate have shown similar replacement need patterns, particularly in the "lower-skill-level" occupations.

SWITCHBOARD OPERATOR

The size of the individual hospital and the manner in which the business offices are organized determine, to a large extent, the job content of switchboard operator positions in Idaho hospitals. Generally, most persons who operate switchboards in Idaho hospitals also perform additional duties, usually involving other tasks in the business office. The ability to type was mentioned by many administrators as a job requirement for their switchboard operators. Surprisingly, a few hospital administrators did list this occupation as one in which training was most needed to provide better qualified workers, and one that had given them the most difficulty in hiring qualified workers. During survey interviews, some administrators expressed the opinion that there is a definite training need for switchboard operators. The following comments are typical of the diversity of opinion regarding this occupation:

– "....Use switchboard operators to supplement in other clerical functions....typing needed."

– "Definitely no training need for switchboard operators."

– "Special training is needed for switchboard operators....switchboard requires special qualifications...."

– "....Any PBX operator can operate a switchboard in a hospital."

– "Switchboard operator does not need special training........has many other duties........Uses general office clerk to operate switchboard and act as a receptionist."

Only one of the sample hospitals with 60 patient beds or less reported employment of switchboard operators, but one of the smaller hospitals that did not employ them forecast a need to hire these workers during the five-year forecast period because of planned institution expansion. All the larger survey hospitals reported employing switchboard operators.

As can be graphically seen on Chart F, this survey did not reveal a meaningful expanin this occupation in the two-year period, but the 35 additional workers forecast to be needed in the five-year period is a 39 percent increase over current employment. Employer's replacement needs are relatively high for switchboard operators. The estimated 28 workers needed annually for replacement is 31 percent of the estimated current employment.

MEDICAL RECORDS TECHNICIAN

The interviews conducted for this survey disclosed that there is a comparatively new job classification being used in a number of Idaho hospitals. This occupation, Medical Records Technician, is increasing in significance in Idaho hospitals, and a number of hospitals did list it in the section on Part II of the survey schedule which requested information on jobs that were new to hospitals or were emerging.

An accredited medical records technician works in medical records administration. A person becomes a medical records technician by completing a one year course in an accredited school, but survey interviews revealed that there is a correspondence course available in this occupation which is being used in a number of institutions. The demand for these workers should be much greater than the supply. Anyone trained as a medical records technician should have little difficulty in obtaining employment.

SECTION VII

HOUSEKEEPING, LAUNDRY AND MAINTENANCE OCCUPATIONS

TABLE G
SELECTED HOUSEKEEPING, LAUNDRY, AND MAINTENANCE OCCUPATIONS

Estimates of Total Current Employment; Expected Employment in Two and Five Years; Estimate of Current Vacancies, Annual Replacement Needs, and Workers Completing Training Programs in Two and Five Years.

Idaho Hospitals and Licensed Nursing Homes – June 1966

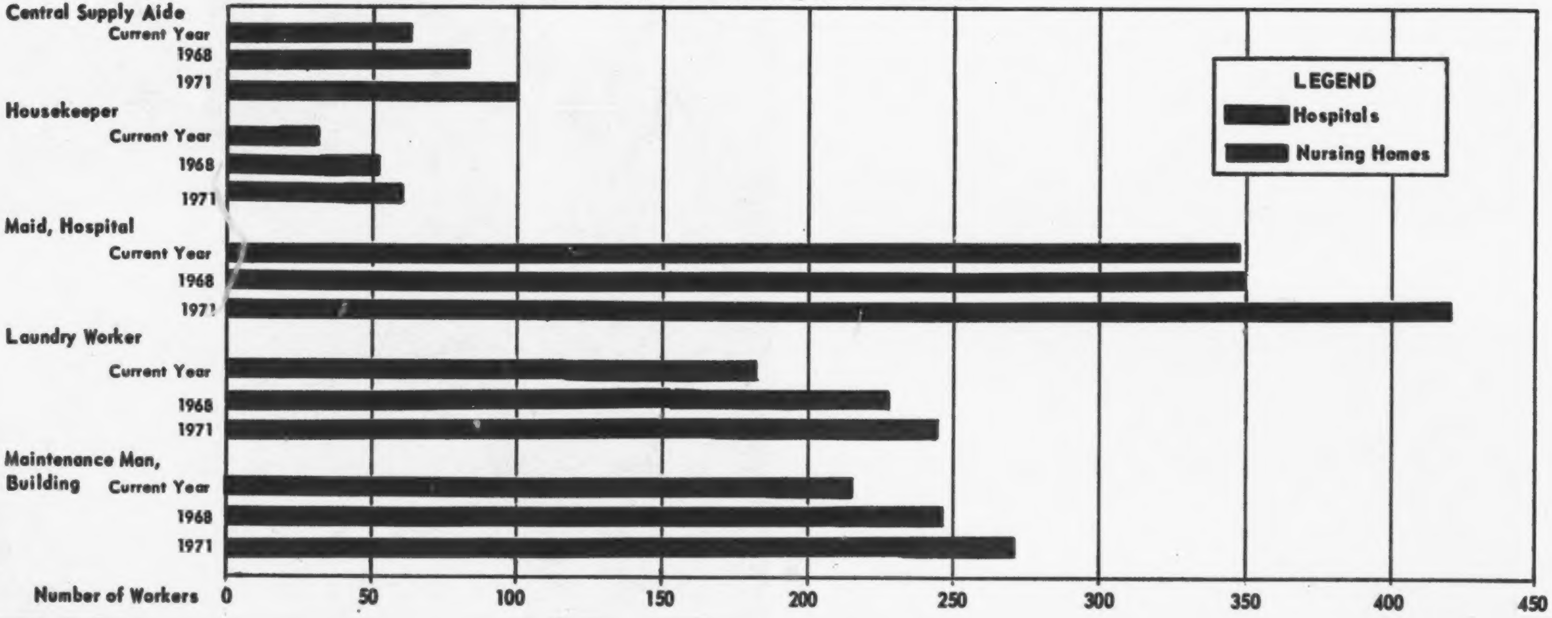
Occupation	Estimated Current Employment	Expected Employment in		Estimated No. of Workers Needed for Replacements July 1966 through June 1967	Estimated Current Job Vacancies		Estimated No. of Workers Completing Plant Training Programs or Promoted Into Occupation	
		June 1968	June 1971		Total	No. Open 30 Days or More	2 Years	5 Years
Central Supply Aide (Hospitals Only)	62	84	100	14	7	7	11	23
Housekeeper	32	52	60	6	7	7	3	7
Hospitals	19	34	42	1	7	7	0	2
Nursing Homes	13	18	18	5	---	---	3	5
Maid, Hospital (Hospitals Only)	349	351	422	94	2	---	62	135
Laundry Worker	182	228	244	41	---	---	33	83
Hospitals	117	152	168	23	---	---	15	45
Nursing Homes	65	76	76	18	---	---	18	38
Maintenance Man, Building	215	248	271	27	12	---	---	---
Hospitals	190	212	235	19	9	---	---	---
Nursing Homes	25	36	36	8	3	---	---	---

CHART G

SELECTED HOUSEKEEPING, LAUNDRY AND MAINTENANCE OCCUPATIONS

Estimates of Total Current Employment and Forecasts of Expected Employment in 2 and 5 Years

Idaho Hospitals and Nursing Homes – June 1966



CENTRAL SUPPLY AIDE

All except two of the larger survey hospitals (over 60 beds) reported employing central supply aides, but only one of the smaller sample hospitals showed current employment of these workers. Seven central supply aides was the largest number that were employed by any individual sample institution. As displayed on Chart G, there is substantial expansion forecast in the demand for these workers. Much of the additional need for these workers seems to be a result of expansion plans in the smaller hospitals.

A large part of total demand for this occupation results from employers' replacement needs. The estimated 14 workere needed for replacement shown on Table G is about 22 percent of the current employment. This percentage is similar to other survey occupations with like levels of complexity.

The policy of individual hospitals with reference to the duties of persons who perform the tasks of a central supply aide as described in Exhibit B of the appendix varies among the hospitals surveyed. A number of hospital administrators reported that persons with job titles other than central supply aide have the duties of central supply aides, For example, one administrator stated that an LPN does the work. Another administrator reported that an RN is in charge of central supply, and another used an LPN in charge of central supply assisted by nurse aides. Probably in smaller hospitals the tasks of central supply aides are done by hospital staff members as additional duties.

HOUSEKEEPER

Survey interviews indicate that the job title most used in Idaho hospitals for the job tasks listed under "housekeeper" in exhibit B of the appendix is actually "executive housekeeper." In some institutions, both hospitals and nursing homes, housekeeper is the job title given to maids and/or cleaning personnel.

All of the sample hospitals with over 60 beds had a housekeeper on their payroll, but none of the smaller hospitals reported current employment of them. Only three of the sample nursing homes employed housekeepers. Some nursing home housekeepers work only part time.

The expansion in demand for these workers shown for hospitals on Table G results almost entirely from the projections of administrators of the smaller sample hospitals. Only one of the hospitals with over 60 beds forecast a need to hire an additional housekeeper over the entire forecast period. If the projections of a few of the smaller sample hospitals are atypical of the Idaho hospitals with under 60 beds, the estimates for the occupation on Table G could be overstated. As shown on Table G, nursing home administrators predicted very limited additional need for housekeepers.

MAID, HOSPITAL

Survey results did not manifest a significant increase in the demand for maids by June, 1968, but the estimated 73 additional workers needed by June, 1971, is a 20 percent increase over the estimated current employment.

As might be expected, the employer replacement needs for this occupation are relatively high. The survey replacement estimates for maids equal 27 percent of the current employment. This replacement percentage is consistent with other replacement estimates for survey occupations of similar levels of complexity.

During interviews, both hospital and nursing home administrators indicated that maid is a trainable occupation and there is a definite need to train cleaning personnel in hospitals and nursing homes. This apparent training need is for instruction in sanitation and sanitary cleaning procedures. One administrator stated that a one week training course for hospital maids would be equal to six months on-the-job training.

While maids were not a subject for inquiry in nursing homes, a few nursing home administrators did discuss this occupation. Some of them said that maids are more difficult to hire than nurses aides, because the work is unpleasant to many persons.

LAUNDRY WORKER

This survey did not attempt to differentiate among the various tasks included in the job description of laundry worker, some of which could be separate occupations in some hospitals. Only in the larger sample hospitals was there any specialization in the tasks performed by persons who work in the laundries.

In some instances, both hospitals and nursing homes had contracts with commercial laundries to do their laundry.

The expansion need shown on Table G for laundry workers results primarily from the expansion plans for the smaller sample hospitals. Only one of the larger hospitals indicated a need to hire additional laundry workers over the forecast period. Annual replacement needs for these workers are about 20 percent of current employment, which is consistent with the replacement needs shown for other jobs with similar levels of complexity. Surprisingly, a few employers listed this occupation as one in which they had experienced difficulty in hiring qualified workers. In addition, a few employers declared that there is a training need for laundry workers. None of the survey institutions reported current vacancies for these workers, however.

MAINTENANCE MAN, BUILDING

This occupation was listed by a number of employers as one which had given them difficulty in hiring qualified workers and, in a few instances, administrators stated that the demand for the qualified maintenance man is acute. The estimated number of current vacancies shown on Table G would appear to strengthen this assumption.

Discussions with a number of administrators revealed that there is an emerging need for an occupation related to maintenance man. This occupation would involve the repair, maintenance, and upkeep of the medical equipment in hospitals. These administrators indicated that there is a current shortage of persons trained to repair the often complex equipment in hospitals. This occupation would be more technical than maintenance man.

In a number of larger sample institutions, the duties of the maintenance men are specialized in various categories such as plumbing, carpentry, and electrical work. Generally, however, the maintenance men in most Idaho hospitals perform a variety of tasks.

In the smaller nursing homes, often, the administrator does the necessary maintenance and upkeep and calls in the skilled craftsmen such as plumbers and electricians as they are needed. As shown on Table G, sample employers forecast significant expansion in demand for maintenance men in both hospitals and nursing homes. Nursing home administrators were unable to project five-year expansion needs for these workers, because those nursing homes that had plans for expansion intended completion of plant expansion in the two-year forecast period.

SECTION VIII

OCCUPATIONS NOT ELSEWHERE CLASSIFIED

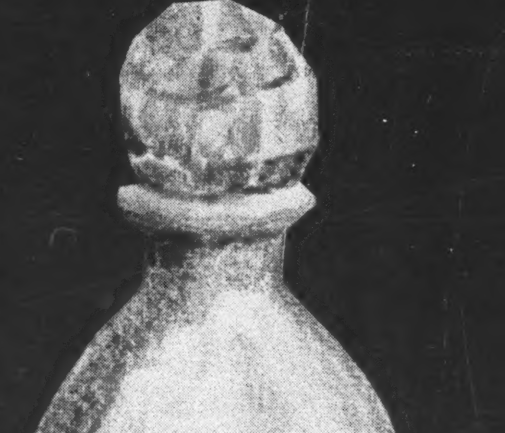


TABLE H

SELECTED OCCUPATIONS NOT ELSEWHERE CLASSIFIED

Estimates of Total Current Employment; Expected Employment in 2 and 5 Years; Estimates of Annual Replacement Needs – June 1966

Occupation	Estimated Current Employment	Expected Employment in		Estimated No. of Workers Needed for Replacements July 1966 through June 1967
		June 1968	June 1971	
Pharmacist	21	27	27	1
Pharmacy Helper	7	15	27	2
Social Worker, Medical	16	20	35	1

PHARMACIST

The "Health Careers Guidebook" reports that the need for the well-qualified hospital pharmacist far exceeds the present supply. While the current shortage in Idaho is not evident from Table H, it is well known that the demand for the hospital pharmacist is high in Idaho.

While 16 pharmacists are estimated as employed in hospitals at the time of the survey, some of these actually have full-time work other than in the hospital. Some of the hospitals, especially smaller ones, use the services of a pharmacist on a consultant, less than full-time basis.

Only one hospital reported employing more than one pharmacist. A very limited expansion in this occupation is indicated in survey responses. Only one of the larger hospitals projected a need to hire an additional pharmacist. Most of the expansion shown on Table H results from the forecasts of the smaller hospitals and may be mostly on a less than full-time basis.

PHARMACY HELPER

As shown on Table H, the employment of pharmacy helpers is limited in Idaho but employers did project expansion. Six sample hospitals reported a need to hire additional workers by June of 1971. One of these hospitals projected an increase from three to six pharmacy helpers in that period of time. Two hospitals that did not show current employment of these workers indicated a need to do so in the five-year forecast period. None of the smaller hospitals with under 60 beds reported current employment of these workers, and none of them forecast a need to do so over the five-year period.

SOCIAL WORKER, MEDICAL

Current employment of these professional workers is limited in Idaho hospitals. Only five sample hospitals reported employment of medical social workers, and only two of these were other than state or federal governmental units.

None of the larger hospitals that did not currently have medical social workers on their payroll indicated that they would need to hire them over the five-year forecast period. Three of the sample hospitals reported increases in employment of medical social workers during the five-year period. Two of these hospitals have less than 60 beds. The relatively high expansion shown for this occupation on Table H could be overstated if the reporting of the smaller hospitals is atypical of Idaho hospitals.

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APPENDIX

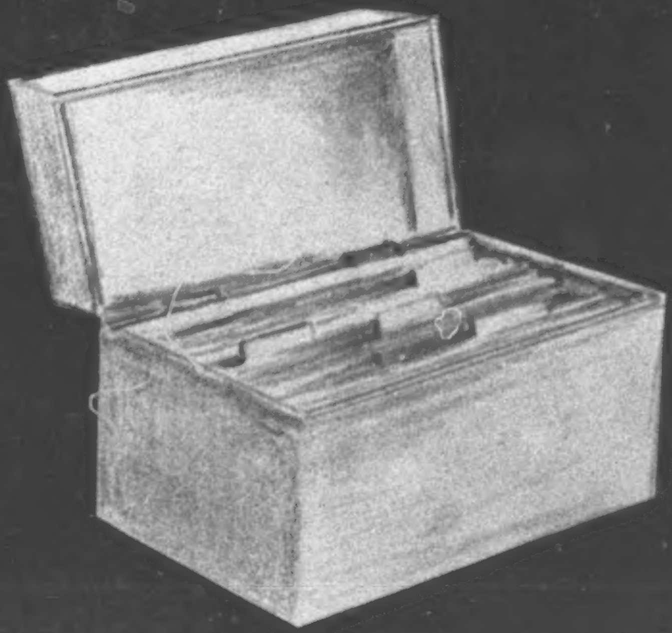

EXHIBIT A, Letter to Sample Employers

DEPARTMENT OF EMPLOYMENT
STATE OF IDAHO

H. FRED GARRETT
Executive Director

P.O. Box 7189 317 Main Street
Boise, Idaho 83707

UNEMPLOYMENT INSURANCE
EMPLOYMENT SERVICE
Affiliated with
United States Employment Service

January 26, 1967

Dear Administrator:

As outlined in a letter to you from the Idaho Association of Licensed Nursing Homes, we are studying manpower needs in hospitals and nursing homes. The purpose of this study is to forecast manpower needs for selected occupations in hospitals and nursing homes. A principal objective of this research is to provide a basis for planning effective vocational educational programs in Idaho.

Your nursing home has been selected in the sample of employers to be contacted. A representative of the Department of Employment will contact you soon by telephone to request an appointment for an interview. The information needed for each of the selected occupations includes the number currently employed, projected future employment in two and five years, and estimated replacement needs in a typical year. A list of these selected occupations is attached.

Since complete information from an adequate sample is needed for valid summarization, we shall very much appreciate your assistance.

Very truly yours,

A. C. Beeman
Chief of Research and Analysis

Enclosure

EXHIBIT B
INVENTORY OF JOB TITLES AND JOB DESCRIPTIONS
MANPOWER NEEDS IN SELECTED HEALTH OCCUPATIONS

PATIENT CARE OCCUPATIONS

1. Nurse, General Duty (075.378)
   Alternate Titles: Staff Nurse, Registered Nurse, Professional Nurse, Licensed Nurse

   Renders general nursing care to patients in hospital, infirmary, sanitarium, or similar institution.
   Administers prescribed medication and treatments in accordance with the proved nursing techniques.
   Assists physician during treatment and examination of patient.
   Usually rotates among various clinical services of institution, as medicine, obstetrics, operating room, orthopedics, outpatient, admitting, pediatrics, psychiatry, surgery, etc.

2. Nurse; Licensed, Practical (079.378)
   Alternate Titles: None

   Performs assigned nursing duties under supervision in caring for patients in hospital or at home.
   Prepares patients and assists physician with examination and/or treatments.
   Prepares and applies dressings, compresses, and packs.
   Takes patient's pulse, temperature, and blood pressure recording when authorized on patient chart.
   Pours, measures, and/or counts out authorized medicines and administers prescribed dosage to patient.
   Prepares patient for either surgery or obstetrical treatment.
   Sets up equipment in operating and delivery rooms.
   Hands instruments and supplies to surgeon or obstetrician or professional nurse during surgery or delivery.

3. Nurse Aide (355.878)
   Alternate Titles: Aide

   Assists professional nursing staff in hospitals and other institutions by performing routine or lesser-skilled tasks in the care of patients.
   Bathes and dresses patients.
   Answers call bells, makes beds, and serves food and nourishment.
   Assists patient to walk.
   Gives alcohol rubs and performs other services.
   Cleans rooms and equipment.

4. Orderly (355.878)
   Alternate Titles: Hospital Attendant

   Assists professional nursing staff by performing various heavy duties.
   Lifts patients to and from bed.
   Wheels patients to and from the operating room.
   Carries meal trays.
   Does cleaning and odd jobs.

Bathe, shaves, and dresses patients.
Answers call bells.
Makes beds.
Gives alcohol rubs.
May give catheterization enemas.
May collect specimens.
May prepare and apply dressing, compresses, and packs.
May set up oxygen tents.

5. Ward Clerk (219.388)
Alternate Title: Floor Clerk

Prepares and compiles records in hospital nursing units such as obstetrics, pediatrics, or surgery.
Records name of patient, address, and name of attending physician to prepare medical records of patient.
Copies information such as patient's temperature, pulse rate, and blood pressure from nurses' records on the patient's medical records.
Records diet instructions.
Keeps file of medical records on patients in unit.
Prepares notice of patient's discharge to inform business office.
Keeps records of absences and hours worked by unit personnel.
Requisitions supplies designated by nursing staff.
Answers telephone and relays messages to patients.
Directs visitors to patients' rooms.
Distributes mail, newspapers, and flowers to patients.

6. Home Health Aide (----)

Home health aides are employed by Home Health Agencies whereever these agencies provide Home Health Aide service. The home health aide is assigned to give personal care (non-nursing) under the supervision and guidance of professional nurses. Personal care includes personal hygiene and activities of daily living.

7. Psychiatric Aide (355.878)
Alternate Titles: Asylum Attendant, Charge Attendant, Ward Attendant

Assists mentally ill patients working under direction of nursing and medical staff.

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MEDICAL TECHNOLOGISTS, TECHNICIANS AND RELATED OCCUPATIONS

8. Medical Technologist, ASCP (078.381)
   Alternate Titles: None

   Performs chemical, microscopic, and bacteriologic tests to provide data for use in treatment and diagnosis of disease.
   Receives specimens from laboratory or obtains such body materials as urine, blood, pus, and tissue directly from patient and makes quantitative and qualitative chemical analysis.
   Cultivates, isolates, and identifies pathogenic bacteria, parasites, and other micro-organisms.
   Cuts, stains, and mounts tissue sections for study by pathologists.
   Performs blood tests and transfusions.
   Studies morphology of blood and prepares vaccines and serum.
   Groups or types blood and cross-matches that of donor and recipient to ascertain compatability.
   Determines basal metabolism rate.
   May calibrate and use equipment designed to measure glandular and other body activity.

9. Medical Laboratory Assistant (078.381)
   Alternate Titles: Medical Technician (NR)

   Performs routine tests in medical laboratory for use in treatment and diagnosis of disease.
   Prepares tissue samples for pathologists.
   Takes blood samples and prepares vaccines.
   Executes such laboratory tests as urine analysis and blood counts, using microscopes, micrometer, and similar instruments.
   Makes quantitative and qualitative chemical and biological analyses of specimens under supervision of medical technologists or pathologists.

10. Cleaner, Laboratory Equipment (381.887)
    Alternate Titles: Clean-up Man, Equipment Washer, Laboratory Aide, Laboratory Assistant, Laboratory Helper, Laborer Laboratory, Tester Helper, Utility Man Laboratory.

    Cleans and washes laboratory glass ware.
    Performs relatively difficult cleaning tasks involving mixing various cleaning solutions and acids according to specifications, as well as the performance of routine cleaning assignments.
    May cut tissues and stain slides.

11. Radiologic Technologist (078.368)
    Alternate Titles: X-Ray Technologist, X-Ray Technician

    Applies roentgen rays and radioactive substances for diagnostic and therapeutic purposes.

Positions patient under machine.
Adjusts immobilization devices and affixes lead plates to protect unaffected areas.
Administers drugs and chemicals to render organs more opaque.
Adjusts switches regulating length and intensity of exposure.

Takes X-ray photographs of various portions of body to assist medical personnel in detection of foreign bodies and diagnosis of diseases and injuries.
Develops film in accordance with photographic techniques.
Assists in treating disease or affected areas of body under close supervision by exposing area to specified concentration of X-rays for prescribed lengths of time.
May assist in radium therapy.
Prepares reports and maintains records of services rendered.
Makes minor adjustments to X-ray equipment.
May specialize in taking X-rays of specific areas of body.

12. Surgical Technician (079.378)
Alternate Titles: Operating Room Technician, Surgical Orderly

Performs a variety of tasks in operating room to assist professional nurse and medical staff.
Washes, shaves, and sterilizes operative region of patient in preparation for operation.
Places equipment and supplies in operating room according to type of operation and surgeons' directions.
Arranges instruments specified by nurse.
Maintains specified supplies of such fluids as blood plasma, saline, and glucose for use during operation.
Adjusts lights or other surgical equipment as directed.
Places contaminated instruments and supplies in receptacles to prevent spread of infection using forceps.
Labels surgical specimens for laboratory analysis.
Cleans operating room and washes and sterilizes contaminated instruments and equipment following prescribed aceptic methods.
May take sponge, needle, and instrument count.
May assist in administering blood plasma, glucose, or other intravenous transfusions and injections.
May hand specified instruments and supplies to surgeon during operation and hold retractors or clamps and cut sutures as directed.

13. Electroencephalograph Technician (078.368)
Alternate Titles: EEG Technician

Measures impulse frequencies and differences in electrical potential between various portions of the brain, using an electroencephalograph that records data as a series of irregular lines on a continuous graph for use by a physician in diagnosing brain disorders.

Instructs patients in procedures, attaches electrodes to the patient's head, and operates equipment to obtain graphic readings.

Observes patient's behavior, making pertinent notes on graph.

Notes any malfunctions of equipment and makes minor adjustments and repairs.

14. Electrocardiograph Technician (078.368)
Alternate Titles: EKG Technician

Records electromotive variance in action of heart muscle, using electrogardiograph machine to provide data for diagnosis of heart ailments.

Attaches electrodes to specified areas of patient's body.

THERAPISTS AND RELATED OCCUPATIONS

15. Physical Therapist (079.378)
Alternate Titles: Physiotherapist

Treats patients with disabilities, disorders, and injuries to relieve pain.

Develops or restores function and maintains maximum performance, using physical means such as exercise and massage, heat, water, light, and electricity, as prescribed by physician.

16. Attendant, Physical Therapy (355.878)
Alternate Titles: Physical Therapy Aide

Prepares patients for treatment by physical therapist.

Assists patients in dressing and undressing and moving about.

Sets up and assembles such equipment as hydro-therapy tanks and vibrators.

Places patients in position for treatment.

Times length of treatment.

Changes linen on beds and treatment tables and cleans work area.

May assist in fitting patients with corsets, braces, and hand splinters.

17. Occupational Therapy Aide (079.368)
Alternate Titles: Attendant, Occupational Therapy

Assists occupational therapist in administering medically-oriented occupational program to assist in rehabilitating patients in hospitals and similar institutions.

Instructs patients in manual and creative arts, games, crafts,

and other activities.
Reports to and consults with occupational therapist regarding patients' performance.
Prepares and lays out work materials and supplies and assists in maintenance of equipment.

18. Inhalation Therapist (079.368)
Alternate Titles: Oxygen-Therapy-Equipment Technician, Oxygen Therapy Technician

Treats patients in a hospital or in a home for lack of oxygen in the tissues using oxygen and various other drugs as prescribed by a physician.
Gives positive pressure breathing using equipment such as respirators, resuscitators, humidifiers, nebulizers, and aerosols.
Administers gases and drugs, using an oxygen tent, hood, mask, or other partial or total enclosure with or without a regulator or some other mechanical device.
May transport heavy equipment such as oxygen cylinders.

DIETARY AND FOOD SERVICE OCCUPATIONS

19. Dietician (077.168)
Alternate Titles: None

Plans and directs food service program in hospital.
Plans menus and diets, providing required food and nutrients to feed patients.
Directs workers engaged in preparation in serving of meals.
Purchases or requisitions food, equipment, and supplies.
Maintains and analyzes food cost control records to determine and improve methods for purchasing and utilization of food equipment and supplies.
Inspects work areas and storage facilities to insure observance of sanitary standards.
Instructs staff members in the application of principles of nutrition to selection of food.

20. Food Service Supervisor (319.138)
Alternate Titles: Dietary Aide

Trains and supervises employees engaged in serving food in hospitals, nursing homes, and other institutions.
Maintains cleanliness.
Instructs workers.
Supervises serving of meals.
Requisitions supplies.
Keeps records of cost of meals served and hours worked by workers.
May interview and select new employees.

21. Cook, Special Diet (313.381)
Alternate Title: Cook

Prepares, seasons, and cooks soups, meats, and vegetables, deserts, and other food stuffs.
Reads menu and procures food from storage.
Adjusts thermostat controls to regulate temperature of ovens, broilers, grills, roasters, and steam kettles.
Measures and mixes ingredients according to recipe, using a variety of kitchen utensils and equipment such as blenders, mixers, grinders, slicers, and tenderizers.
Bakes, roasts, broils, and steams meats, fish, vegetables, and other foods.
Adds seasoning to food during mixing or cooking according to personal judgement and experience or under the direction of the dietician.
Observes and tests food being cooked by tasting, smelling, and piercing with a fork to determine cooking time.
Carves meats and apportions food on serving plates.
Adds gravies and sauces.
Garnishes servings.

22. Dietary Clerk (079.588)
Alternate Title: Diet Aide

Compiles dietary information for use by kitchen personnel, in preparation of foods for hospital patients.
Examines diet orders received from ward and tallies portion and foods of each type diet, such as general diet, gastric diet, and light diet.
Marks amount of food on master menu to inform kitchen personnel of food requirements.
Processes new diets and changes as required.

23. Kitchen Helper (318.887)
Alternate Titles: Dishwasher, Hand; Dishwasher, Machine; Garbage Man; Pot Washer; Silver Man

Performs various duties to maintain kitchen work areas, equipment, and utensils in a clean and orderly condition.
Sweeps and mops floors.
Washes work tables, walls, refrigerators, and meat box.
Segregates and removes trash and garbage and places it in designated containers.
Steam cleans or hoses out garbage cans.
Sorts bottles and breaks disposable bottles in bottle-crushing machine.
Washes pots, pans, and trays by hand.

Scrapes food from dirty dishes and washes them by hand or places them in racks on a conveyor to dishwashing machine.
Places silver in revolving burnishing machine tumbler, dips it in chemical solution, holds it against buffing wheel and rubs it with cloth to remove tarnish and restore luster.
Holds inverted glasses over revolving brushes to clean inside surfaces.
Washes and peels vegetables using knife or peeling machine.

24. Tray Line Worker (355.878)
Alternate Titles: Dietary Aide, Tray Girl

Prepares and delivers food trays to hospital patients, performing any combination of the following duties:
Prepares trays by placing on them such items as silver, fruit juice, sugar, cream, milk, coffee, and butter.
Apportions food servings according to diet lists.
Places servings in blender to make food soft or liquid.
Examines filled tray for completeness and places on cart or dumbwaiter.
Pushes cart to wards, serving patients.
Collects dirty dishes, stacking them on cart and returns cart to kitchen.
Washes dishes and cleans work area, table, cabinets, and ovens.

OCCUPATIONS INVOLVING MEDICAL RECORDS AND CLERICAL OCCUPATIONS

25. Insurance Clerk (210.368)
Alternate Titles: None

Verifies hospitalization insurance coverage and computes benefits for patients in hospital.
Types insurance assignment form with data such as name of insurance company and policy holder, policy number and physician's diagnosis.
Telephones, writes, or wires insurance company to verify patient's coverage to obtain information concerning the extent of benefits.
Computes total hospital bill showing amounts to be paid by insurance company and by patient.
Answers patients' questions regarding statements and insurance coverage.
Telephones or writes companies with unpaid insurance claims to obtain settlement of claims.
Prepares forms outlining hospital expenses for governmental welfare and other agencies paying bill of specified patient.

26. Stenographer (202.388)
Alternate Title: Medical Stenographer

Takes dictation shorthand of correspondence reports, and other matter and transcribes dictated material using typewriter.
Performs a variety of related clerical duties.
Work requires the knowledge of and familiarity with the use of medical terms and phrases.

27. Medical Records Librarian (100.388)
Alternate Title: Hospital Records Librarian

Compiles and maintains medical records of hospital and clinic patients.
Reviews clinical records for completeness.
Contacts medical personnel to obtain missing data.
Codes indexes, and files records of diagnosis, disease and treatments.
Compiles statistics such as reports on the admissions, births, deaths, transfers, and discharges.
Releases medical information to staff and authorized governmental agencies, insurance companies, hospitals, physicians, and medical information and research centers.

28. Medical Record Clerk (249.388)
Alternate Title: Coding Clerk

Classifies medical records of hospital patients and compiles statistics for use in reports and surveys.
Keeps daily statistical record information on admissions, discharges, deaths, births, and types of treatment rendered using records such as admission and discharge slips and medical charts.

29. Telephone Operator (235.862)
Alternate Titles: Control Board Operator, PBX Operator, Private Branch Exchange Operator, Switchboard Operator, Telephone Switchboard Operator

Operates switchboard to relay incoming, outgoing, and inter-office calls.
Pushes switch keys to make connections and relay calls on switchboard.
Uses jacks mounted on switchboard for cord type equipment.
May perform related clerical duties.

HOUSEKEEPING, LAUNDRY, AND MAINTENANCE OCCUPATIONS

30. Central Supply Worker (223.887)
Alternate Title: Central Supply Aide

Cleans, sterilizes, and assembles hospital equipment, supplies, and instruments according to prescribed procedures and techniques.
Scrubs, washes, and sterilizes instruments and equipment.
Prepares packs of supplies and instruments.
Sharpens hypodermic needles and matches syringe barrels and plungers according to size, trade name, or serial number.
Examines rubber gloves for leaks or deterioration and patches holes.
Powders, sizes, and mates, and wraps gloves in paper or cloth preparatory to sterilizing.
Stores prepared articles and supplies in designated areas.
Fills requisitions, writes charges, and inventories supplies.

31. Housekeeper (321.138)
Alternate Titles: None

Supervises work activities of cleaning personnel to insure clean, orderly, and attractive rooms in hospitals and other institutions.
Assigns workers their duties and inspects work for conformance to prescribed standards of cleanliness.
Inventories stock to insure adequate supplies.
Investigates complaints regarding housekeeping service and equipment and takes corrective action.

32. Maid, Hospital (323.887)
Alternate Titles: None

Cleans hospital wards, rooms, baths, laboratories, offices, and halls.
Mops and waxes floors.
Cleans window sills, woodwork, and furniture.
Scours and polishes bathtubs, sinks, and laboratory equipment.
Polishes brass and glass panels in doors and partitions.
Empties ashtrays and trash baskets.
Washes bed frames, brushes mattresses, and remakes beds after dismissal of patients.
Keeps utility and storage rooms in a neat and orderly condition.
Distributes laundered articles and linens in wards.

33. Laundryman, Hand (361.884)
Alternate Titles: Laundryman, Laundry Worker

Washes, drys, and irons articles, using the equipment such as hand irons, mangles, and small washing and drying machines.
Sorts articles on work table or in basket on floor to separate special washes.
Loads and unloads washing and drying from machines.
Adds detergent powder and bleach as required.
Folds, fluffs dried articles.
Presses wearing apparel, using hand iron or mangle.
Assembles wraps or bags laundered articles for delivery to the various departments.

34. Maintenance Man, Building (899.381)
Alternate Titles: None

Repairs and maintains buildings, using hand tools and power tools.
Installs and repairs electrical switches, electrical fixtures, and wiring.
Paints structures.
Repairs woodwork and plumbing fixtures..
Repairs plaster and lays brick.
Builds cabinets, cupboards, and outbuildings.

OCCUPATIONS NOT ELSEWHERE CLASSIFIED

35. Pharmacist (074.181)
Alternate Title: Druggist, Registered Pharmacist

Compounds and dispenses medications following prescriptions by physician, dentist, or other authorized medical practitioner.

36. Pharmacy Helper (074.387)
Alternate Title: Pharmacy Clerk

Mixes pharmaceutical preparations under direction of pharmacist.
Issues medicines, labels and stores supplies, and cleans equipment and work areas in hospital pharmacy.
Labels drugs, chemicals, and pharmaceutical preparations.
Mixes preparations under the direction of the pharmacist.
Prepares inventory and orders supplies to maintain level of stock.
Unpacks and stores supplies.
Washes and sterilizes glassware.
Keeps pharmacy clean.

37. Social Worker, Medical (195.108)
Alternate Title: Social Worker, Clinical
Aids patients and their families with personal and environmental difficulties which predisposed illness or interfere with obtaining maximum benefits from medical care.

EXHIBIT C
EMPLOYER INSTRUCTIONS

MANPOWER NEEDS IN SELECTED HEALTH OCCUPATIONS

For the purpose of this survey, please utilize the following assumptions when furnishing the requested information.

1. Qualified workers will be available to meet any anticipated employment needs.
2. Scientific and technological advances will continue affecting employment and manpower requirements.
3. The present-day normal workweek at your institution will continue through the forecast period.
4. Any current plans for expansion or modernization will materialize according to schedule.

GENERAL

Brief job descriptions for the selected occupations are included in the survey material. Job descriptions are listed in the same order as they are on Part I of the survey form. They are grouped according to the following categories: Patient care--Technologists and Technicians--Food preparation and service--Clerical--Housekeeping, laundry and maintenance--Miscellaneous.

In most cases, a number of job titles are listed with each job description. The job title used on Part I of the survey is underlined in the list of job descriptions. The titles you use for the occupations listed may vary from those on the survey form. If the job title that you use in your institution differs from any of those listed for that occupation, please enter your job title in Column 11 (Comments).

PART I

Line No. 1

A. On Line 1, Column 3, enter the total number of workers on the payroll of your establishment who work either full or part-time and receive pay for their services. Include persons on vacation and sick leave who are receiving pay from your institution. Exclude persons on leave without pay, pensioners, and members of the Armed Forces carried on the rolls but not working during the pay period. This entry should include all workers not just those in occupations listed on following lines.

B. On Line 1, Columns 4 and 5, enter the total number of employees you expect to have in 1968 and 1971.

Instructions for Completion of Needed Entries--Selected Occupations

Column 2. Occupational Title

If you neither employ nor expect to require a worker in any of these levels, draw a line through that occupational title. In the space provided at the end of the list of selected occupations, please add any additional occupations in which you have current vacancies or expect to require more or fewer workers in the next two and five year periods.

Column 3. Current Employment

Enter the total number of workers presently employed in each occupation (excluding trainees). Include both full-time and part-time workers. Each of your present workers in each occupation should be counted only once in Column 3, even though they perform duties in more than one of the selected occupations. Workers who perform tasks in more than one occupation should be counted in the occupation in which the majority of their working hours are spent.

Columns 4 and 5. Required Employment in Two Years and Five Years.

Enter the total number of workers you will require in each occupation two years and five years from now (that is, the number of workers in the occupation at the end of the forecast periods). Please refer to the assumptions noted at the beginning of these instructions.

Column 6. Number of Workers Needed as Replacements--July, 1966, Through June, 1967. For each occupation, enter the total number of workers you estimate will have to be replaced in the next 12 month period because of promotions or those leaving the labor force for reasons such as death, retirement, disability, or entry into the Armed Forces. Workers who leave to seek or accept other jobs in the same occupation, or withdraw temporarily from the labor force, should be excluded. If this is not feasible, enter the figure for those replacements during the past 12 months.

Column 7. Number of Current Job Vacancies

Enter the number of current vacancies in your establishment for each occupation. If none, enter (0). Job vacancies are defined as current, unfilled job openings which are immediately available for occupancy by workers from outside the firm and for which the firm is actively seeking such workers. Included are full-time, part-time, permanent, temporary, seasonal, and short-time job openings.

Column 8. Number of Current Job Vacancies--Number Open 30 Days or More

For each occupation, enter the number of job vacancies which have been open for 30 days or more.

Columns 9 and 10. Workers Completing Plant Training Programs or Promoted into Occupation in Two Years and Five Years.

For each occupation enter the number of trainees completing plant training programs or promoted into the occupation in two years and five years.

Column 11. Comments

For each occupation enter any comments that might clarify or expand the information given on Part I such as information on significant changes in total employment for each occupation.

PART II

The information needed in Part II of this study is self-explanatory.

EXHIBIT D

EMPLOYER INTERVIEW SCHEDULE (NURSING HOMES)

MANPOWER NEEDS IN SELECTED HEALTH OCCUPATIONS--PART I

DEPARTMENT OF EMPLOYMENT, STATE OF IDAHO

Name ______________________

Address ______________________

____

____

Date ______________________

Information reported on this form is strictly confidential, and will not be revealed to any unauthorized person nor published in such a manner that data relating to an individual employer can be identified.

DOT Code	Occupational Title	Current Employment	Expected Employment in:		No. of Workers Needed for Replacements July, 1966 Through June, 1967 1/	No. of Current Job Vacancies		Workers Completing Plant Training Programs or Promoted into Occupation in: 2/		Comments
			June, 1968	June, 1971		Total	No. Open 30 Days or More	2 yrs.	5 yrs.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
XXXXXXXXXXX	Total Employees on Payro				XXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXXXXX	XXXXXXXXX	
075.378	Registered Nurse									
079.378	Nurse, Licensed Practical									
355.878	Nurse Aide									
355.878	Orderly									
(355.878)	Home Health Aide									
079.378	Physical Therapist									
079.368	Occupational Therapy Aide									
313.381	Cook, Special Diet									
321.138	Housekeeper									
361.884	Laundry Worker									
889.381	Maintenance Man, Bldg.									

1/ Replacement needs are workers needed to replace those who are promoted to another occupation and those who leave the labor force for reasons such as death, retirement, disability, or entry into the Armed Forces. Please enter in this column the number of such replacements which you expect will occur from July, 1966, through June, 1967. If this is not feasible, enter figure for those replacements occurring in the past 12 months. Do not include workers who leave to seek or accept other jobs, or workers separated from your establishment because of reduction in force, inadequate performance on the job, or misconduct.

2/ Combine the number of workers expected to complete company training programs and the number of workers expected to be promoted into the occupation from other jobs in the company in the next two and five years and enter in the appropriate columns.

Continuation Sheet

MANPOWER NEEDS IN SELECTED HEALTH OCCUPATIONS--PART I
DEPARTMENT OF EMPLOYMENT, STATE OF IDAHO

Name ______________________

DOT Code	Occupational Title	Current Employment	Expected Employment in:		No. of Workers Needed for Replacements July, 1966 Through June, 1967 1/	No. of Current Job Vacancies		Workers Completing Plant Training Programs or Promoted into Occupation in: 2/		Comments
			June, 1968	June, 1971		Total	No. Open 30 Days or More	2 yrs.	5 yrs.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

EXHIBIT E
EMPLOYER INTERVIEW SCHEDULE (HOSPITALS)

MANPOWER NEEDS IN SELECTED HEALTH OCCUPATIONS--PART I

DEPARTMENT OF EMPLOYMENT, STATE OF IDAHO

Name ______________________
Address ______________________
____
____
Date ______________________

Information reported on this form is strictly confidential, and will not be revealed to any unauthorized person nor published in such a manner that data relating to an individual employer can be identified.

DOT Code	Occupational Title	Current Employ-ment	Expected Employment in:		No. of Workers Needed for Replacements July, 1966 Through June, 1967 1/	No. of Current Job Vacancies		Workers Completing Plant Training Programs or Promoted into Occupation in: 2/		Comments
			June, 1968	June, 1971		Total	No. Open 30 Days or More	2 yrs.	5 yrs.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
XXXXXXXXXXX	Total Employees on Payro				XXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXXXXX	XXXXXXXXX	
075.378	Registered Nurse									
079.379	Nurse, Licensed Practical									
355.878	Nurse Aide									
355.878	Orderly									
079.368	Occupational Therapy Aide									
(355.878)	Home Health Aide									
079.378	Physical Therapist									
355.878	Physical Therapy Aide									
355.878	Psychiatric Aide									
078.381	Medical Technologist (ASCP)									
078.381	Medical Technician (NR)									

1/ Replacement needs are workers needed to replace those who are promoted to another occupation and those who leave the labor force for reasons such as death, retirement, disability, or entry into the Armed Forces. Please enter in this column the number of such replacements which you expect will occur from July, 1966, through June, 1967. If this is not feasible, enter figure for those replacements occurring in the past 12 months. Do not include workers who leave to seek or accept other jobs, or workers separated from your establishment because of reduction in force, inadequate performance on the job, or misconduct.

2/ Combine the number of workers expected to complete company training programs and the number of workers expected to be promoted into the occupation from other jobs in the company in the next two and five years and enter in the appropriate columns.

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Continuation Sheet

MANPOWER NEEDS IN SELECTED HEALTH OCCUPATIONS--PART I
DEPARTMENT OF EMPLOYMENT, STATE OF IDAHO

Name ______________________

DOT Code	Occupational Title	Current Employment	Expected Employment in:		No. of Workers Needed for Replacements July, 1966 Through June, 1967 1/	No. of Current Job Vacancies		Workers Completing Plant Training Programs or Promoted into Occupation in: 2/		Comments
			June, 1968	June, 1971		Total	No. Open 30 Days or More	2 yrs.	5 yrs.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
381.887	Laboratory Aide									
078.368	X-Ray Technician									
079.378	Surgical Technician									
079.368	Inhalation Therapist									
078.368	E.E.G. Technician									
078.368	E.K.G. Technician									
077.168	Dietician									
079.588	Dietary Clerk									
313.381	Cook, Special Diet									
355.878	Dietary Aide									
318.887	Kitchen Helper									
319.138	Food Service Supervisor									
210.368	Insurance Clerk									
202.388	Medical Stenographer									
100.388	Medical Records Librarian									
249.388	Medical Records Clerk									
219.388	Ward Clerk									

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Continuation Sheet

MANPOWER NEEDS IN SELECTED HEALTH OCCUPATIONS--PART I
DEPARTMENT OF EMPLOYMENT, STATE OF IDAHO

Name ______________________________

DOT Code	Occupational Title	Current Employment	Expected Employment in:		No. of Workers Needed for Replacements July, 1966 Through June, 1967 1/	No. of Current Job Vacancies		Workers Completing Plant Training Programs or Promoted into Occupation in: 2/		Comments
			June, 1968	June, 1971		Total	No. Open 30 Days or More	2 yrs.	5 yrs.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
235.862	Switchboard Operator									
223.887	Central Supply Aide									
321.138	Housekeeper									
323.887	Maid, Hospital									
361.884	Laundry Worker									
889.381	Maintenance Man, Bldg.									
195.108	Social Worker, Medical									
174.181	Pharmacist									
074.387	Pharmacy Helper									
	OTHER:									

EXHIBIT F

EMPLOYER INTERVIEW SCHEDULE

MANPOWER NEEDS IN SELECTED HEALTH OCCUPATIONS

PART II

In addition to the information you have provided on the preceding survey schedule, you are requested to supply the following additional information that will be helpful in planning needed training programs.

Employer Name____________________________
Address ____________________________
____
____
Date ____________________________

1. Please list in the space provided below the occupations in your establishment for which training is most needed to provide better qualified workers.

____
____
____
____
____
____

2. What occupations have given you the most difficulty in hiring qualified workers?

____
____
____
____

3. In some instances, it is not possible to hire workers in certain occupations until a higher level occupation has been filled. If this situation exists in your establishment, please indicate: (Example: Occupational Therapist--Occupational Therapy Aide)

   a. The higher level occupation, and b. the number and types of additional workers which would be hired if this higher level occupation were filled.

a. ____________________	b. ____________________
____________________	____________________
____________________	____________________
____________________	____________________

4. What occupations are new to your establishment or are emerging due to changes in method, automation, or technical developments? Current employment in such occupations may be insignificant, or non-existent, but growth potential is important.

5. Are any of the occupations listed above likely to decline due to mechanization or automation?

6. If changes in activity over the forecast period (1966-1971) are anticipated, please discuss their effects on employment in the space provided below. (For example: institution expansion, new equipment, Medicare, etc.)